

# PROCEDURES 301, PLACEMENT AND VISITATION SERVICES

April 6, 2009 – P.T. 2009.07

## TABLE OF CONTENTS

### SUBPART A: PLACEMENT SERVICES

<b>Section 301.60</b>	<b>Placement Selection Criteria</b>	<b>P301.60</b>
a)	Required Placement Criteria	1
1)	Least Restrictive	1
2)	Proximity to Home	1
3)	Race, Ethnicity and National Origin	2
4)	Same Religion	2
5)	Relatives	2
6)	American Indians	2
7)	Communications Requirements	2
8)	Children of Hispanic or Latino Origin (Statewide)	3
9)	Foster Parent Preference	3
b)	Assessing the Child's Individual Needs	4
1)	Initial placement: no current open case or an emergency placement made after hours when immediate removal is required to ensure the child's safety	5
2)	Placement of child after intact services offered	5
3)	Change of Placement from One Out-Of-Home Placement to Another	5
4)	Addressing the Issue of Race in Placement	8
c)	Caregiver's Capacity to Meet the Child's Needs	10
d)	Placement Alternative Contract	11
	PAC Questions and Answers	15
<b>Section 301.65</b>	<b>Disputed Changes of Placement</b>	<b>P301.65</b>
a)	Request of a Clinical Placement Review	1
b)	Clinical staff convene a Clinical Placement Review	1
1)	Materials to be reviewed from the casework supervisor	1
2)	Participation from individuals involved with the child's case	1
c)	Conclusion of the Clinical Placement Review	2
	• Agreed Placement	2
	• No Agreed Placement Decision	2
d)	Service Appeal	3

## **PROCEDURES 301, PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 – P.T. 2009.07**

<b>Section 301.66</b>	<b>System of Care (SOC) Services</b>	<b>P301.66</b>
a)	Purpose	1
b)	Primary Users	1
c)	Definitions	1
d)	Background	3
e)	Eligibility for System of Care Services	4
	1) Children Eligible for System of Care Services	4
	2) Children Ineligible for System of Care Services	5
f)	Referral for System of Care Services	5
	1) Referrals on regular State of Illinois business days	5
	2) Crisis Referrals	6
	3) Long-term support referrals	7
g)	SOC Service Determinations	7
h)	SOC Services: Responsibilities and Timelines	8
i)	Caseworker Responsibilities for Children/Youth Receiving SOC Services	14
j)	Case Transfer	14
k)	Termination of SOC Services	14
	Frequently Asked Questions	17

<b>Section 301.70</b>	<b>Sibling Placement</b>	<b>P301.70</b>
a)	Reasons for Placing Siblings Apart	1
b)	Best Interest of the Child to be Placed Apart from Siblings	1
c)	Diligent Search upon Initial Placement	2
d)	Continued Diligent Search Efforts	3
e)	Emergency Removal	3
f)	Placement of Some, But Not All Siblings Together	3
g)	Placement of Siblings within Reasonable Proximity	3
h)	Documentation Required	4
i)	Notice of Decision Required	4

<b>Section 301.120</b>	<b>Sharing Appropriate Information with the Caregiver</b>	<b>P301.120</b>
a)	Children Coming Into the Custody of DCFS	1
	Placement of Children Diagnosed with Asthma and/or Allergies	2
b)	Information Shared with Substitute Caregivers	3
c)	Information Shared with Interim Caregivers	6

## **PROCEDURES 301, PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 – P.T. 2009.07**

<b>Section 301.150</b>	<b>Identification Procedures for Children in Placement</b>	<b>P301.150</b>
a)	Child Identification Form	1
b)	Child Photographs	1
c)	Child Fingerprints	3

### **SUBPART B: VISITATION SERVICES**

<b>Section 301.210</b>	<b>Family-Child Visiting</b>	<b>P301.210</b>
a)	Family Visiting	1
b)	Parental and Child Preparation and Involvement in the Planning Process	2
c)	Initial Visit	3
1)	Who Plans the Initial Visit	3
A)	Follow-up Worker	3
B)	Child Protection Worker	4
C)	Children Placed on a Non-emergency Basis	4
2)	Who Supervises the Initial Visit	5
A)	Follow-up Worker	5
B)	Child Protection Worker	5
C)	Purchase of Service Worker	5
3)	Initial Visit Does not Occur	6
d)	Ongoing Visiting Plan	6
e)	Supervision of Visits	7
	Purpose of Supervision	7
1)	Protective	7
2)	Assessment	8
3)	Support and Treatment	8
4)	Court Related Supervision	8
	Frequency of Supervision	8
	Who May Supervise Visits	9
f)	Requirement of Follow-up Worker's Attendance at Visits	9
g)	Time Frames	10
h)	Selecting the Place, Frequency, Length, and Participants of the Visit	11
i)	Documentation of Visits	12
1)	Return Home	12
2)	All Other Permanency Goals	13

## **PROCEDURES 301, PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 – P.T. 2009.07**

	3) Instructions for Filling Out the CFS 502, Visiting Record	13
	4) Instructions for Filling Out Narrative Description of Visit	14
	j) Transportation To and From Visits	14
	k) Case Transfers	15
<b>301.220</b>	<b>Sibling Visitation</b>	<b>P301.220</b>
	Permanency Goal of Return Home	1
	Other Permanency Goals	1
	Adoption	1
	Guardianship	2
	Independence	2
	Long Term Care in a Residential Facility	2
	Children in Parental Custody	3
<b>301.230</b>	<b>Contact Among Siblings Placed Apart</b>	<b>P301.230</b>
<b>301.240</b>	<b>Grandparents Visitation</b>	<b>P301.240</b>
<b>Appendix A</b>	<b>Family Visit Planning - Critical Decisions and Documentation Protocol</b>	
<b>Appendix B</b>	<b>Family Visit Planning - Guide to Practice</b>	
<b>Appendix C</b>	<b>Sibling Placement and Visitation - Special Considerations</b>	
<b>Appendix D</b>	<b>Unrelated, Unlicensed Homes</b>	
<b>Appendix E</b>	<b>Placement Clearance Process</b>	
<b>Appendix F</b>	<b>Child Identification Form</b>	

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

Distribution: X, Z and C-3

**POLICY TRANSMITTAL 99.20**

**PROCEDURES 301.60 PLACEMENT SELECTION CRITERIA  
AND  
THE INTERETHNIC PLACEMENT ACT**

**DATE:** October 15, 1999

**TO:** Rules and Procedures Bookholders, Child Welfare Staff and Child Protective Staff

**FROM:** Jess McDonald, Director

**EFFECTIVE:** October 29, 1999

**I. PURPOSE**

The purpose of this Policy Transmittal is to issue procedures that guide staff on making placement decisions based on the individual needs of children and the ability of the caregiver to meet those needs. The procedures also explain how staff are to handle situations when race or ethnicity are raised as an issue in the child's placement. The procedures comply with the Federal Interethnic Placement Act and the Resolution Agreement entered into by the Department with the Office of Civil Rights (OCR) of the Department of Health and Human Services (HHS).

**II. PRIMARY USERS**

The primary users of these rules are all Department and purchase of service agencies staff who place children in foster or adoptive homes, who supervise such placements, or who administer programs which involve placement of children in foster or adoptive homes.

**III. DISCUSSION OF FEDERAL INTERETHNIC PLACEMENT ACT**

The Department has previously issued three Policy Guides affirming the Federal policy contained in the Multiethnic Placement Act and in Section 1808, Removal of Barriers to Inter-ethnic Adoption Provisions of the Small Business Job Protection Act of 1996, more commonly referred to as the Interethnic Placement Act (IEPA).

Policy Guide 96.12, issued October 1, 1996, was the first to describe the Federal law. In 1994 Congress passed the Howard W. Metzenbaum Multiethnic Placement Act of 1994. This law banned discrimination in the placement of children on the basis of race,

color, or national origin, and required the recruitment of foster and adoptive families who reflect the ethnic and racial diversity of children in the state. The law was intended to:

- decrease the time children wait to be adopted,
- prevent discrimination in the placement of children on the basis of race, color, or national origin,
- prevent discrimination on the basis of race, color, or national origin when selecting foster and adoptive placements, and
- facilitate the development of a diverse pool of foster and adoptive families.

In August of 1996 Congress amended MEPA by passage of Section 1808, Removal of Barriers to Inter-ethnic Adoption Provisions of the Small Business Job Protection Act of 1996. This law was passed in order to strengthen the nondiscriminatory provisions and to provide stiff penalties for violation of the Act.

Any state found in violation of this law will lose considerable federal matching funds. **One finding of noncompliance with IEPA could result in the loss of millions of dollars for the Department.** Private agencies stand to lose federal funding for each fiscal quarter in which there is a finding of noncompliance with IEPA. There are **no exceptions or excuses.**

The federal law prohibits discrimination in adoption and foster care placements and repealed language that had previously permitted consideration of race, color, or ethnicity as one of a number of factors for consideration in determining a child's placement. HHS has affirmed the four critical elements of IEPA:

1. *Delays in placing children who need adoptive or foster homes are not to be tolerated, nor are denials based on any prohibited or otherwise inappropriate consideration;*
2. *Discrimination is not to be tolerated, whether it is directed toward adults who wish to serve as foster or adoptive parents, toward children who need safe and appropriate homes, or toward communities or populations which may heretofore have been under-utilized as a resource for placing children;*
3. *Active, diligent and lawful recruitment of potential foster and adoptive parents of all backgrounds is both a legal requirement and an important tool for meeting the demands of good practice; and*
4. *The operative standard in foster care and adoptive placements has been and continues to be "the best interests of the child." Nevertheless, any consideration of race, color or national origin in foster or adoptive placements must be narrowly tailored to advance the child's best interests and must be made as an individualized determination of each child's needs and in light of a specific*

*prospective adoptive or foster care parent's capacity to care for that child.* (This must be documented in the case record.)

The above language has been reprinted from the federal Information Memorandum entitled, "Guidance for Federal Legislation," published by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, June 6, 1997.

### **Applicability to Placement Decisions**

Since the Department of Children and Family Services receives substantial Federal funding, the applicability of the Interethnic Placement Act to the services provided by the Department should be construed liberally. Department and private agency staff (if the agency contracts with the Department) may not discriminate on the basis of race, color, or national origin of a child, or the race, color, or national origin of a prospective adoptive or foster home, as they considers the **unique** needs of a child in making placement decisions that are in the child's best interests.

**Placement decisions require a case-by-case approach.** An individual case may present facts that require the Department to consider the cultural, ethnic, or racial background of the child and the capacity of the prospective foster or adoptive parents to meet the needs of the child. All Department and private agency staff must ensure that their decisions rest on a **child's particular and documented needs** and not on a set of assumptions that we as individuals may hold as to what a child of a particular racial or ethnic background may need. **The best approach to avoiding IEPA violations is to use care and sound clinical judgment in selecting the first placement for a child who requires substitute care and to avoid delay in selecting a suitable foster or adoptive home.**

In response to the first three Policy Guides, staff have overwhelmingly complied with the intent of the Federal law. However, many workers, supervisors, and administrators requested that specific guidance be given for decision making. In addition, the Office of Civil Rights requires the Department to issue written procedures which explain how "individualized determinations" for a particular child are to be made for the purpose of determining whether or not the issue of race needs to be considered to achieve a placement in that child's best interest. It is toward these ends that the attached revisions to Procedures 301.60 are being released.

## **IV. REVISIONS TO PROCEDURES 301.60**

Revised Section 301.60:

- explicitly forbids the use of race, color, or national origin in placement decisions (Section 301.60 (a) (7));
- explains the procedures that staff are to follow if someone does raise race, color, or national origin as an issue that should be considered in the placement

of a child (Section 301.60 (b) (4)). Included with the procedures is a new form (**CFS 2018, Interethnic Placement Act Assessment Form**), which must be used when race, color, or national origin are raised as placement issues;

- provides criteria for determining and documenting a child's individual needs and how take those needs into consideration when making placement decisions for initial placements and for changes of placements (Section 301.60 (b) (1) (2) and (3));
- requires that the Department give the child's caregiver 14 day prior notice of the Department's intent to remove the child (Section 301.60 (b) (5));
- requires that caregivers be selected who meet the documented individual needs of the child (Section 301.60 (c)); and
- gives workers a concrete tool (the **CFS 2017, Child/Caregiver Matching Tool**) to match the capacity of the caregiver with the individual needs of the child and to document that the placement decision was based on those factors.

In addition to the revisions made as a result of the Interethnic Adoption Act, other minor modifications were made to some of the other placement criteria such as 301.60 (a) (5) Relatives, (6) Native Americans, and (7) Communication Requirements. Revisions have also been made to 301.60 (a) (8), Children of Hispanic or Latino Origin, which formerly applied to Cook and Aurora Regions and are now applicable statewide. Please read all sections carefully.

## **V. TRAINING**

As part of the Resolution Agreement with the Office for Civil Rights, the Department must conduct training on these new procedures for all Department direct service staff, supervisors, and POS trainers by the end of October 1999.

## **VI. MONITORING COMPLIANCE**

The Office of Civil Rights of the Department of Health and Human Services receives and investigates IEPA violation complaints, and conducts independent reviews in Illinois and in other states to determine compliance with IEPA.

## **VII. FILING COMPLAINTS**

If anyone, including staff, is aware of an IEPA violation or wishes to file a complaint, he/she may contact the Department's IEPA Monitor.



Carolyn Cochran Kopel has been designated as the Department's IEPA Monitor. Ms. Kopel will oversee implementation of the IEPA requirements and track any complaints. Questions regarding implementation or complaints may be directed to:

Carolyn Cochran Kopel  
Director's Office  
Department of Children and Family Services  
406 E. Monroe Street  
Springfield, Illinois 62701  
(217) 785-2509

**It is essential that you take the necessary action in each individual case you handle to comply with IEPA as there will be severe financial penalties to DCFS and to any private agency which is found to be in violation of IEPA.**

**The Department will protect anyone who reports IEPA violations from retaliation for having made the report.**

## **VIII. QUESTIONS**

Workers questions regarding how these procedures apply to individual cases shall be directed to their supervisors. Additional guidance may be obtained from the Regional Field Service Managers and Clinical Coordinators.

Requests for interpretation of Department written policy pertaining to Procedures 301.60 shall be directed to:

Bill Duda, Supervisor  
Child Welfare and Child Protection Policy Unit  
Office of Child and Family Policy  
406 E. Monroe Street  
Springfield, Illinois 62701  
217 – 524 – 1983      FAX 217 – 557 – 0692

## **IX. FORMS**

New forms **CFS 2017, Child/Caregiver Matching Tool**, and **CFS 2018, Interethnic Placement Act Assessment Form**, are attached. Additional supplies of the form may be ordered from Central Stores in the usual manner.

## **X. FILING INSTRUCTIONS**

Remove yellow page procedures Section P 301.60 in its entirety and replace with the attached revised Section 301.60. Place this Policy Transmittal (cover sheet) with the revised procedures Section 301.60. Remove yellow page Procedures 300.120 – (7)

through 300.120 – (12) and replace with the attached revised page 300.120 – (7) through 300.120 – (12). The following Policy Guides are rescinded and may be discarded:

- Policy Guide 96.12 dated October 1, 1996
- Policy Guide 99.04 dated February 23, 1999.

## PLACEMENT AND VISITATION SERVICES

June 1, 2002 – P.T. 2002.18

### == Section 301.60 Placement Selection Criteria

All placements are to be made consistent with the best interests and special needs of the children. When children are removed from the care of a custodial parent, the Department shall explore whether the non-custodial parent would be a suitable caregiver for the children. If placement with the non-custodial parent is not consistent with the best interests and special needs of the children or if the non-custodial parent is not a suitable caregiver for the children, placement shall be sought in the same home where a sibling resides before other placements are considered unless the case meets one of the exceptions in [Section 301.70](#). When placement cannot be made with a non-custodial parent or another sibling, substitute care shall be sought.

#### a) Required Placement Criteria

##### 1) Least Restrictive

Placement in a family home is the least restrictive and thus the preferable placement choice for a child when a family will be able to meet the needs of the child. However, if a child needs treatment which can best be provided in a group home or child care institution, the child need not be placed in a foster family home prior to placement in a treatment setting. The **CFS 497, Client Service Plan**, shall be used to document the reason that the selected placement is the least restrictive placement, which meets the child's needs.

##### 2) Proximity to Home

It is important to maintain the continuity of children's educational and social relationships. Therefore, whenever possible, the placement for the child should be located in the same community and the same school district, unless there is a good reason to the contrary. Examples of good reasons might include the child's involvement with gang or drug activity, believable threats of violence from or abduction by the biological parents, or close proximity to a perpetrator of sexual abuse. If it is not possible or not desirable to place a child within the same community or school district, document on the **CFS 497** the reason a placement outside the community or school district was selected.

When the permanency goal is return home, a child should be placed in reasonable proximity to the child's family (not exceeding 50 miles) to allow for visitation. Any special needs, which a child may have requiring placement more than 50 miles from the child's family must be documented on the **CFS 497** and the rationale for the placement selection, detailed. Placement in out of state residential facilities shall not exceed 150 miles from a child's home unless:

- A) the child has unusual and special needs requiring a placement which provides specialized services; and
- B) no placement providing comparable specialized services exists within Illinois.

## PLACEMENT AND VISITATION SERVICES

June 1, 2002 – P.T. 2002.18

### == 3) **Race, Ethnicity and National Origin**

Placement in a foster or adoptive family home shall not be denied or delayed on the basis of the race, color, or national origin of the child, or the foster or adoptive family home members. If someone raises race, color, or national origin as an issue in the placement of a particular child, the placing worker or any other staff member who is or becomes aware that race, color or national origin has been raised as an issue or potential issue shall immediately request an individualized clinical staffing as described in subsection (b)(4), Addressing the Issue of Race in Placement.

### 4) **Same Religion**

A child placed in a foster family home, relative home, group home or residential facility shall be placed, when possible, in a placement where the religious affiliation is the same as that of the child or the child's parents. When the religious affiliation differs and the child is age 11 or under, the parents shall be asked to complete and sign the **CFS-589, Consent For Religious Instruction/Church Attendance**, indicating parental consent regarding the child's religious instruction and church attendance. Parental refusal to sign the **CFS-589** shall be documented in the child and parent case records.

A child age 12 or older shall be allowed to choose his/her own religious preference and church attendance. The rationale for placement in a setting with a religious background, which differs from the child or that of the parents shall be documented on the **CFS 497**.

### == 5) **Relatives**

Relative home care shall be explored for children for whom the Department is legally responsible who can be placed in a family structured living arrangement. Placement shall be made only with relative caregivers who are licensed as foster family homes under the provisions of **89 Ill. Adm. Code 402, Licensing Standards for Foster Family Homes**, or if unlicensed, who meet the placement selection criteria of Rule **Section 301.60, Placement Selection Criteria**, and the requirements of **Section 301.80, Relative Home Placement**.

### == 6) **Native Americans**

Children of Native American heritage shall be placed in accordance with the procedures specified in **Rules and Procedures 307, Indian Child Welfare Services**.

### == 7) **Communication Requirements**

The Department will make diligent efforts to place children who have special communication/language needs in a home that can meet those needs. This includes children with limited English speaking ability and children who are deaf or hearing impaired. The Department will insure the use of bi-lingual caseworkers, foreign language interpreters or sign language interpreters,

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES


Distribution: X and Z

### POLICY GUIDE 2008.02

#### MEXICAN CONSULATE NOTIFICATION OF MEXICAN OR MEXICAN AMERICAN MINORS IN THE CUSTODY/GUARDIANSHIP OF THE DEPARTMENT

**RELEASE DATE:** May 16, 2008

**TO:** Rules and Procedures Bookholders and Child Protective and Child Welfare Staff

**FROM:** Erwin McEwen 

**EFFECTIVE DATE:** Immediately

#### I. PURPOSE

This Policy Guide replaces Policy Guide 2004.02, Mexican Consulate Notification of Mexican or Mexican American minors in the Custody of the Department. The Memorandum of Understanding between the State of Illinois, Department of Children and Family Services and the Consulate General of Mexico in Chicago, provides for early identification of Mexican or Mexican American minors taken into protective custody by the Department. The child welfare practice issues inherent in the Memorandum of Understanding are directed toward ensuring that the needs of Mexican or Mexican American minors are met when their families are temporarily or permanently unavailable. This revised policy addresses procedures that will facilitate the early coordination of legal and social services to children and their relatives that may be necessary to achieve permanency for the child, including providing the least restrictive placement and supportive services to maintain family ties, ensure appropriate visitation and maintain the child's ethnic, religious and cultural identity.

The Memorandum of Understanding between the Department of Children and Family Services and the Consulate General of Mexico requires DCFS to notify the Mexican Consulate when a child is determined to be of Mexican ancestry. In order to comply with this requirement DCFS child protection and child welfare and POS workers are to notify the Office of Latino Services which is responsible for notification to the Mexican Consulate.

#### II. PRIMARY USERS

The primary users of this Policy Guide are child protective and child welfare staff of the Department and Purchase of Service (POS) agencies.



### III. BACKGROUND INFORMATION

The Consular Convention between the United States of America and the United Mexican States (Bilateral Convention) and the Vienna Convention on Consular Relations (Vienna Convention) provide for consular notification and access in cases where foreign nationals are involved in legal proceedings. These treaties establish the right of representatives or agents of any embassy or consulate of a foreign government to freely communicate with, and have access to, its nationals without interference from the host state.

The Department recognizes the importance of early identification of Mexican or Mexican American minors taken into protective custody in order to protect the fundamental rights of Mexican Nationals and, to the extent possible, provide all of the protections afforded to them by the Vienna Convention, the Bilateral Convention and all other applicable treaties and laws.

### IV. DEFINITIONS

“Mexican” means any person who is a national of Mexico, regardless of immigration status in the United States. For consular notification purposes, a minor reported as born in Mexico will be assumed to be a Mexican national.

“Mexican minor” means any unmarried person who is under the age of eighteen and was born in Mexico.

“Mexican American minor” means any unmarried person who is under the age of eighteen, was born in the United States, and who is eligible for Mexican nationality as the biological child of at least one Mexican national.

“Mexican custodian” means the non-parental caretaker of a Mexican minor, who has been entrusted by a parent(s) with the day-to-day care of the minor for any period of time.

“DIF” means the Agency For Integral Family Development. This is the agency in Mexico charged with ensuring the welfare of minors.

### V. DETERMINATION OF MEXICAN LINEAGE

Child protection workers are required to establish ancestry of every child taken into protective custody. At the beginning of an investigation, child protection workers will distribute the pamphlet **CFS 1050-26, Guide for Parents who are Mexican Nationals**, to all Hispanic subjects of reports. In addition, the Memorandum of Understanding between the Illinois Department of Children and Family Services and the Consulate General of Mexico requires the Department to notify the Mexican Consulate in writing within ten working days of the decision to take protective custody of a Mexican or Mexican American minor or at any time one of the following occurs:

- A child for whom the Department is legally responsible (including protective custody) is identified as having Mexican ancestry.

- A parent or custodian of a Mexican or Mexican American minor requests that the consulate be notified.
- The Department learns that a non-custodial parent resides in Mexico.

## **VI. RIGHTS OF CHILDREN AND FAMILIES OF MEXICAN ANCESTRY**

Each month, the Office of Latino Services is notified of every case that has been opened for a Hispanic child. Children who are determined to be of Mexican ancestry and who are age appropriate, and their parents or custodians shall be advised that:

- They have the right to freely communicate with consular officers of their country.
- The Mexican Consular Representatives may interview Mexican or Mexican American minors in the custody of the Department.
- The Mexican Consulate can receive specific information, otherwise confidential regarding the reason protective custody of the Mexican minor was taken.
- The Mexican Consulate can assist the Mexican child, parents or custodians in legal proceedings.

## **VII. INFORMATION PROVIDED TO THE MEXICAN CONSULATE**

The DCFS Office of Latino Services is responsible for the notification to the Mexican Consulate and to the Guardianship Administrator that a Mexican or Mexican American minor is in the custody/guardianship of the Department. The initial notification provided to the Mexican Consulate by the Office of Latino Services shall include the name of the minor; the minor's date of birth, if known; the names, address and telephone number of the parents or custodians, if known; the consent of the parents or custodian to the disclosure; and the name and telephone number of the assigned Department caseworker and the caseworker's supervisor. Workers are to complete the **CFS 1000-6, Notification to Mexican Consulate** (attached) and submit it to the Office of Latino Services as indicated in section XI of this Policy Guide.

## **VIII. CONSULATE ACCESS TO MEXICAN OR MEXICAN AMERICAN MINORS IN THE CUSTODY OF THE DEPARTMENT**

Although Consular Representatives have the right to interview Mexican minors in the custody of the Department, they must first obtain the approval of the Office of the Guardianship Administrator to interview Department wards who are of Mexican American ancestry. All interview requests must be submitted to the Guardianship Administrator or designee.

## **IX. SPECIAL IMMIGRANT JUVENILE STATUS FOR MEXICAN MINORS**

The Mexican Consulate will assist the Department in obtaining the necessary documentation from Mexico for Mexican minors in the Department's custody who are eligible for Special Immigrant Juvenile status.

## **X. ASSISTANCE PROVIDED BY MEXICAN CONSULATE REGARDING DIF**

The Mexican Consulate can assist DCFS and POS caseworkers in obtaining appropriate home studies of families in Mexico who may be resources for these Mexican minors by contacting the DIF. The Mexican Consulate will also ensure that the DIF provides appropriate and necessary services to Mexican minors for whom the Department is legally responsible when they are placed in Mexico, including having monitoring reports forwarded to DCFS and POS caseworkers.

## **XI. INSTRUCTIONS TO DCFS AND POS STAFF**

### **A. Identification of Children of Mexican Ancestry**

DCFS and POS child protection workers and permanency workers are required to notify the Office of Latino Services within five working days of:

- Taking protective custody of a Mexican or Mexican American minor;
- Identifying a child for whom the Department is legally responsible as having Mexican ancestry;
- Receiving a request from the parent or custodian of a Mexican or Mexican American minor to notify the consulate; or
- Learning that a non-custodial parent lives in Mexico.

### **B. Required Consent to Release Information**

In order for the Department to notify the Mexican Consulate of a child(ren) of Mexican ancestry, the child protective services worker or the permanency worker must obtain the written consent of the parent(s) or custodians using the **CFS 600-3 Consent for the Release of Information**. If the parent(s) or custodian(s) refuse to sign the consent, the worker shall document the refusal in the space provided on the **CFS 1000-6**. While information cannot be released to the Mexican Consulate without the consent of the parent or custodian, workers are still required to submit the **CFS 1000-6** to the Office of Latino Services.

### **C. Notification to the Office of Latino Services**

When a child is determined to be of Mexican ancestry, the DCFS or POS worker is required to:

1. Complete the **CFS 1000-6**;
2. Obtain the written consent of the parent or custodian to notify the Mexican Consulate by completing the **CFS 600-3**; and
3. Submit the **CFS 1000-6** and **CFS 600-3** (when signed) by fax to; Chief, DCFS Office of Latino Services at (312) 808-5134.



The Office of Latino Services is responsible for informing the Mexican Consulate of Mexican or Mexican American minors protected by the Memorandum of Understanding between the Illinois Department of Children and Family Services and the Consulate General of Mexico.

## **XII. RELATED POLICIES**

- A. Procedures 327, Appendix F Immigration/Legalization Services for Foreign-Born DCFS Wards** describes the application process for attaining legal (citizenship) status for a child born outside of the United States. **Attachment 1, Immigration Services Alert**, informs DCFS and POS workers of the requirement to determine a child's legal (citizenship) status and explains the benefits and services that may be unavailable to a child who does not become a legal permanent resident of the United States. **Attachment 2, Emergency Care Plan for Children with Undocumented Caregivers**, describes the DCFS or POS worker's responsibility to develop an emergency care plan for children in the event that their caregiver is detained due to his or her undocumented legal status in the United States. Attachment 2 also includes a list of resources and advocates for immigrants and the consulates in Illinois.
- B. Policy Guide 2008.01 Licensing, Payment and Placement of Children with Undocumented Relatives** provides DCFS and POS staff with step-by-step instructions on the placement of children with undocumented relatives; the procedures that must be followed for the caregiver to receive reimbursement for the child's care and on the single change in the licensing application when the caregiver's legal status is undocumented. Policy Guide 2008.01 is filed behind Procedures 301.60.

## **XIII. QUESTIONS**

Questions concerning this Policy Guide may be directed to the Office of Child and Family Policy at 217/524-1983 or e-mail through Outlook at OCFP Mailbox or [cfpolicy@idcfs.state.il.us](mailto:cfpolicy@idcfs.state.il.us) for non-Outlook users.

## **XIV. ATTACHMENT**

**CFS 1000-6, Notification to Mexican Consulate (Rev. 04/2008)**

## **XV. FILING INSTRUCTIONS**

Child Protective Services Workers shall remove Policy Guide 2004.02 found behind Section 300.80 of Procedures 300 and file the attached Policy Guide in its place. Child welfare staff shall remove Policy Guide 2004.02 found behind Section 301.60 of Procedures 301 and file the attached Policy Guide in its place.

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## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X and Z

### POLICY GUIDE 2003.06

#### SPECIALIZED FOSTER CARE

**DATE:** April 11, 2003  
**TO:** Rules and Procedures Bookholders  
**FROM:** Jess McDonald  
**EFFECTIVE DATE:** Immediately

#### I. PURPOSE

This Policy Guide replaces Policy Guide 2002.07. The instructions for accessing specialized foster care for cases stepping down from institutions and group homes have been removed from this Policy Guide. A separate Policy Guide will be issued for those cases.

The purpose of this Policy Guide is to provide instructions to staff on the **CFS 418-J, Checklist for Children at Initial Placement**, and the process for specialized foster care and to provide answers to frequently asked questions.

#### II. PRIMARY USERS

The primary users of this Policy Guide are all DCFS and POS staff responsible for making the decision for placement of children.

#### III. CHECKLIST FOR CHILDREN AT INITIAL PLACEMENT

Effective immediately, the attached **CFS 418-J, Checklist for Children at Initial Placement**, must be completed and submitted to the regional assignment unit (CAPU for Cook County, APT for Downstate Regions) for all children entering substitute care, even if the child was previously placed in substitute care.

If ANY of the items other than 'none' are selected on the **CFS 418-J**, the worker making the decision to place a child should fax this form and supporting documentation, as indicated in Section IV B that follows, to the DCFS Specialized Foster Care Gatekeeper at 312-814-1905 (fax).

There will be instances in which the child's special needs will not be known and/or documented at the time of initial assignment. If any of the conditions included on the Checklist (**CFS 418-J**) become known and documented within the first ten days after assignment via rotation, the child's case should be referred to the DCFS Specialized Gatekeeper for an Expedited Review in accordance with the process in Section IV B, of

this Policy Guide.

Children with special needs identified more than ten days after assignment should access System of Care (SOC) services to support the child in placement. A child that is severely compromised where his/her functioning in all domains (foster home, school, community) are significantly impaired, may be considered for a DCFS Specialized Gatekeeper Scheduled Review only after SOC services have been accessed.

#### **IV. NEW PROCESS FOR SPECIALIZED FOSTER CARE**

##### **A. Eligible Children**

The following categories of children are appropriate to refer to the DCFS Specialized Foster Care Gatekeeper for review:

- children in initial placement where the child has severe, chronic conditions that require a highly structured program; and
- children in a licensed foster care placement that have gone through System of Care (SOC) services and due to the severe, chronic nature of their disability, SOC is recommending that the child be placed in a specialized foster care program.

##### **B. Process to Request a Review for Specialized Foster Care**

1. In order for a review to occur, a packet must be completed for each child and faxed to the DCFS Specialized Foster Care Gatekeeper at 312-814-1905 or mailed to:

DCFS Specialized Foster Care Gatekeeper  
100 W. Randolph, Suite 6-100  
Chicago, IL 60601

2. The packet must include the following information:
  - **CFS 418-J, Checklist for Children at Initial Placement (applicable only for children new to the system)**
  - **CFS 418-K, Specialized Foster Care Review Committee Coversheet**
  - A summary of the child's needs, including diagnosis, statement as to why a more intensive setting is needed, what services are (or have been) put in place, and what additional services the child needs;
  - The child's substitute care placement history;
  - If the child was recently referred to SOC, state the services that were requested and the outcome. Also submit a copy of the child's plan developed through SOC;
  - **CFS 418-F, Certification of Mental Health/Behavioral Special Needs** and/or **CFS 418-E, Certification of Medical/Physical Special Needs** (original copies);

- **Recent** supporting documentation that describes the child's identified needs; and
- Current social history.

The supervisor must sign the **CFS 418-K** verifying that the information is accurate.

### **C. Review by the Specialized Foster Care Gatekeeper**

1. Decisions made by the Department will be sent in writing to the caseworker. Outcomes of the Gatekeeper's review may entail: request for additional assessment; specific services that should be accessed; referral to SOC for case coordination; or determination of whether a child should be referred to a specialized foster care program. In certain situations the Gatekeeper may request a staffing (in-person or by phone) to discuss the needs of the child.
2. Children who are determined appropriate for specialized foster care must be referred to a private agency that has a program that matches the child's identified special needs. The gatekeeper will assist in this matching. The child's case will be transferred to the specialized foster care private agency. The foster parent can choose to remain licensed with DCFS or another agency or transfer their license to the specialized foster care agency.
3. If a child is authorized to enter a specialized foster care program and the case management agency is different from the licensing agency, the board rate will be set in accordance with the rate provided by the case management agency.

### **D. Placement Steps after Authorization is Received**

1. After approval by the DCFS gatekeeper, the worker will need to contact the placement clearance desk (PCD) to receive authorization to place a child with a specific licensed provider in accordance with Procedures 301, Appendix E. The PCD staff will verify via CM-18 that approval for a specialized foster care placement has been given and will issue a clearance number to the worker unless there are other issues that prohibit placement with the provider.
2. The worker must complete a **CFS 906, Placement/Payment Authorization Form**, and call the **CFS 906** into the appropriate business unit.
3. If PCD does not approve the placement, the worker must contact the Gatekeeper at 312-814-6880 for consideration of another identified foster home or to seek placement with another specialized foster care program.

4. If the agency providing ongoing case management changes due to approved entry into a specialized foster care program, the worker must submit a completed **CFS 1425, Change of Status** form to the regional agency performance team (APT). If the case is an initial placement then the worker is responsible for all of the regular case opening processes specified in administrative procedures.

## **V. FREQUENTLY ASKED QUESTIONS**

1. **If the level of care (LOC) was completed prior to 5/2/02 on an unlicensed relative caregiver, and a specialized special service fee was approved, will that fee continue?**

Yes, the caregiver should continue to receive the specialized special service fee as long as the child remains placed in the same home. The Specialized Foster Care Gatekeeper will need to review the case if the child moves to a new placement.

2. **If a LOC was completed prior to 5/2/02 and the child is later placed out of the home for 30 days or less (e.g. hospitalization, being on run, or detention) and then returned to the same caregiver, will the board rate still be grandfathered in at the existing rate?**

As long as the placement outside of the caregiver's home is 30 days or less and the child returns to the same home, the board rate will remain at the same level and the case will not have to be reviewed through the DCFS Specialized Foster Care Gatekeeper.

3. **Does the administrative rate for cases in specialized foster care prior to 5/2/02 remain the same?**

The administrative rate paid to a POS agency will be subject to reviews in the future. If the child no longer requires the services offered in a specialized foster care program, the administrative rate may be decreased to the HMR/Traditional amount. If one of these children moves into a new foster home after 5/2/02, the DCFS Specialized Foster Care Gatekeeper must be notified.

4. **Will a child who was in specialized foster care prior to 5/2/02 always be entitled to the same board rate?**

These children will remain at the same board rate as long as the child remains in the same foster home. The Specialized Foster Care Gatekeeper will need to review the case if the child moves to a new placement.

5. **Will agencies continue to be responsible for completing the scheduled reviews as stated on the tickler reports for children in specialized foster care?**

The tickler reports will no longer be distributed. Until agencies receive further notice, they will not be responsible for completing reviews on children currently in specialized foster care. Notice will be sent out to all specialized foster care providers of any reviews that may take place in the future.

**6. If a child did not qualify for specialized foster care and a re-review/appeal was requested prior to 5/2/02 will it still occur?**

Yes, a re-review/appeal will take place as laid out in Policy Guide 2001.03 as long as the LOC was submitted prior to 5/2/02 and the request for the re-review appeal is submitted within 60 calendar days of the LOC effective date of the original LOC review.

**7. If a worker or foster parent wants to request a re-review on a case that was originally reviewed prior to 5/2/02, to whom should the request be sent?**

The request for a re-review should be sent to the LOC Reviewer in the region where the original LOC review was completed as long as the re-review is requested within 60 calendar days of the LOC effective date of the original LOC review.

**8. If the LOC expired, and the agency's rate was reduced what, if any, impact does this have on the foster parent board rate?**

The board rate to the caregiver in these situations remains the same. A specialized special service fee is issued to the private agency for the foster parent. Agencies are responsible for passing on this specialized special service fee to the foster parents. Likewise, the board rate for children in DCFS homes with expired LOC reviews will not be impacted.

**9. If a child on my caseload is placed out of state, but I would like to request a specialized foster care program, increased service provisions or some equivalent, what is available and how should I proceed?**

Workers can request a specialized special service fee for children in out of state placements with needs greater than a typical relative or traditional placement from the DCFS Specialized Foster Care Gatekeeper. If approved, the Gatekeeper will send the approval to the central office unit for entry of payment.

**10. If the LOC expired prior to 5/2/02 and the child is going into an adoption or guardianship arrangement where financial assistance will be issued on behalf of an eligible child, what will the subsidy rate be?**

The adoption assistance or subsidized guardianship subsidy should reflect the negotiated amount not to exceed the current board rate plus the specialized special service fee that was put in place to hold the board rate at

the same level. POS adoption liaisons will use the subsidy verification process to confirm the proposed subsidies. DCFS subsidies will go through the standard approval process.

**12. Can a subsidy be increased if a LOC review was not submitted to DCFS prior to 5/2/02?**

Only in situations where the DCFS Gatekeeper has approved a child to enter a specialized foster care program.

**13. Will any of the changes in specialized foster care impact performance contracts?**

Cases that were stepped down to HMR/Traditional foster care prior to 5/2/02 have been counted as new intake for relative or traditional contracts and will be factored into any outcome measures.

Children with an expired LOC who achieve permanency will count as a specialized positive outcome if the outcome occurred within the last 90-days of the change in specialized status. Otherwise, the case will be counted as HMR or Traditional positive outcome.

## **VI. QUESTIONS**

Questions about this Policy Guide or other specialized foster care issues may be directed to Alexis Oberdorfer at 312/814-6870.

## **VII. ATTACHMENTS**

**CFS 418-E, Certification of Medical/Physical Special Needs**  
**CFS 418-F, Certification of Mental Health/Behavioral Special Needs**  
**CFS 418-J, Checklist for Children at Initial Placement**  
**CFS 418-K, Specialized Foster Care Review Committee Coversheet**

These forms can be ordered in the usual manner. They are also available as templates on the T-Drive and on the DCFS Web page.

## **VIII. FILING INSTRUCTIONS**

Remove Policy Guide 2002.07 in Procedures Section 301.60, Placement Selection Criteria and replace with this Policy Guide.



# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X and Z

## POLICY GUIDE 2003.07

### MATCHING CHILDREN IN RESIDENTIAL FACILITIES WITH SPECIALIZED FOSTER CARE PROVIDERS

**RELEASE DATE:** April 11, 2003

**TO:** Rule and Procedures Bookholders and DCFS and Purchase of Service POS) Staff

**FROM:** Jess McDonald

**EFFECTIVE DATE:** Immediately

#### I. PURPOSE

The purpose of this Policy Guide is to issue a new process that will be used for matching children in residential facilities with a specialized foster care provider. This matching process will be used statewide. No region is permitted to add any other process or approval requirements to those specified in this Policy Guide.

#### II. PRIMARY USERS

The primary users of this Policy Guide are DCFS and POS agency caseworkers, supervisors and managers who are serving children for whom DCFS is legally responsible and staff from residential programs.

#### III. BACKGROUND INFORMATION

There are different mechanisms that have been used for matching children in residential facilities with specialized foster care programs. This Policy Guide supercedes all processes that are currently in place and creates a uniform process that will be used to identify, staff, and match children in residential facilities with specialized foster care programs.

#### IV. DEFINITIONS

“Quarterly Matching Meeting” (QMM) means a quarterly meeting or series of meetings where the region will present all of the children in residential facilities who will be ready for step down into foster care within the next 6 months and do not have a placement identified. All agencies in the region that have a specialized foster care program open for new referrals will be invited to attend these meetings.



“DCFS Regional IGH to Specialized Foster Care Step Down Coordinator”(herein referred to as “Coordinator”) means a Department employee who is appointed by the Regional Administrator to coordinate the QMM and to monitor the matches that are made with specialized foster care programs. A list of these Coordinators can be found in Appendix A of this Policy Guide.

“Residential Facilities” means Department contracted institutional and group home care providers. Psychiatric hospitals, Department of Corrections, Detention, community integrated living arrangements (CILA), and long term nursing care facilities are not included.

## **V. ELIGIBILITY CRITERIA**

Each DCFS Coordinator will be responsible for identifying the children who will be included in the QMM. Prior to the QMM, the Coordinator will review all children in their region who are placed in a residential facility to determine which children will be presented. During this internal review process, children may be determined to be inappropriate for the QMM due to any of the following reasons:

- A specific specialized foster care placement has already been identified for the child. (NOTE: It is essential that the region check with previous foster care providers for the child and with the residential center to determine that there are no parties who have already expressed an interest in having the child placed with them.)
- The child is scheduled to be reunified with his/her parent upon discharge.
- A clinical decision documented in writing has been made jointly between the residential facility and the Department that the child will not be ready to step down within a 6-month time frame.
- A clinical decision documented in writing has been made jointly between the residential facility and the Department that the child will be more appropriate for a living arrangement other than specialized foster care upon discharge.
- The residential facility where the child resides has a specialized foster care program that is open for intake and is willing to find a placement for the child within their continuum. If the agency has not identified a specific specialized foster care placement by the time of the next QMM, the child will be included in that QMM.

After reviewing all children who are in a residential setting, excluding children that fall into one of the categories listed above, the DCFS Coordinator will develop a list of children that will be presented during the next QMM.

## **VI. MATCHING PROCESS**

Each region must have a QMM during which they present case information on children in residential facilities who have been determined to be appropriate for discharge within the next six months to a specialized foster care placement. All specialized foster care programs that are open for referrals and serve children within the region will be notified in writing of the QMM at least 2 weeks prior to the

scheduled date. The notice to the agencies must state the names and birth dates of the children who will be presented, along with their primary special need: complex medical conditions, emotional/behavioral special needs, or specialty needs such as sexually problematic behaviors or developmental delays. Residential providers of the children being presented must also receive written notice at least two weeks prior to the QMM. Each region will determine an agenda for the QMM and include it in the notice to the providers.

**A. Clinical Summary for Quarterly Meeting**

The DCFS caseworker/supervisor will develop a clinical summary by completing form **CFS 2016, Child Clinical Summary**, prior to the QMM. All agencies present at the QMM will receive a copy of the clinical summary.

**B. Quarterly Matching Meeting**

During the QMM, the Department caseworker and/or supervisor will present the information in the clinical summary and answer any questions from the providers. All children will be presented individually, allowing ample time for questions and discussion.

**C. Residential Facility Participation**

Staff from the residential facilities must be available to provide updated clinical information on the children during the QMM. Participation can be done in person, on the phone, or through a recent treatment report that they send to the DCFS Coordinator in advance of the QMM.

**D. Required Notification by Provider Agencies**

Within one week after the QMM, agencies must notify the DCFS Coordinator in writing if they have a potential placement or are interested in pursuing a placement search for one of the children presented. The agency must provide the name of the child, the name of their agency, a contact person from their agency, and a description of the potential placement and/or a brief overview of the recruitment process that they will use to identify a placement for the child.

**E. Choosing the Agency to be Matched with the Child**

- Multiple agencies that have a specific specialized foster care placement identified:  
If multiple agencies state that they have a specialized foster care placement identified for the child, the region will determine which agency appears to be the best match for the child. Preference will be given to agencies that have siblings of the child, agencies that have previously worked with the child and have a good record of being able to meet his/her needs, and agencies whose specific home is in closest proximity to the child's local community. When such preferences do not exist, the

region will pick one agency to pursue placement for the child. The DCFS Regional IGH to Specialized Foster Care Step Down Coordinator will notify the agency that is chosen for the match, as well as those not chosen. The matched agency will submit a written report each month to the Coordinator that states the progress that has been made in stepping the child down to the identified placement. If the step down placement does not take place prior to the next QMM and/or the agency decides that they do not have an appropriate step down placement, the child will be presented at the next QMM and/or matched with one of the other agencies that initially identified a specific placement for the child.

- Multiple agencies that want to search for potential placements:  
If multiple agencies express an interest in pursuing placement options for a child but none of them have a specific specialized foster care placement identified, the region will request all of the agencies that have expressed an interest in the child to pursue placement options. If one of the agencies locates a potential placement and wants to begin pre-placement visits, the region will inform the other agencies to stop their search. If none of the agencies have identified a potential placement by the next QMM, the child will be presented again.
- No matches are identified:  
If there are no agencies that state an interest in locating a placement for a child, the Department worker/supervisor will work with the DCFS Specialized Gatekeeper to identify and contact specialized foster care programs that may have a placement for the child. The child will continue to be presented at the QMMs.

#### **F. Tracking Matches**

The DCFS Coordinator will be responsible for tracking the matches that are made with specialized foster care agencies, including foster home pre-placement visits and the status of the step down placements. The Coordinator will monitor the matches on a monthly basis to ensure that progress is being made in facilitating an appropriate step down placement for the children. The region can re-match a child at any time if they feel that the agency is not diligently trying to secure a step down placement for a child. The DCFS Coordinator must submit quarterly reports to Operations that summarize the number of children presented during the quarterly matching meeting, the number of children that were matched, the number of children that have stepped down, and the barriers that they have encountered with the matching process.

### **VII. CASE MANAGEMENT RESPONSIBILITIES**

The assigned Department case manager responsibilities include the following:

- Maintaining all casework responsibilities until the child steps down into a placement with a private agency.

- Coordinating the meetings between the residential facility and the private agencies matched with the child.
- Ensuring that the private agencies have the information needed in order to secure a step down placement.
- Assisting with all vital transition issues such as school enrollment.
- Monitoring the progress that is made by the private agencies in securing a step down placement for the child.

The private agency is responsible for the following:

- Locating a specific specialized foster home and preparing the foster parent(s) for the child.
- Collaborating with the Department case manager and the IGH facility to determine the child's special needs and the services that should be in place when the child steps down to a family environment.
- Once a placement has been identified, facilitating the pre-placement visits and ensuring that placement clearance is given.
- Working jointly with the DCFS case manager on transition issues such as school enrollment.
- If a capacity waiver is needed for the home, submitting this request before the placement occurs.

The residential facility is responsible for the following:

- Providing the DCFS Coordinator with updated treatment reports prior to the QMM and/or participate in the QMM when children at their facility are being presented.
- Collaborating with the Department case manager and private agency to facilitate the step down process including providing necessary information/reports, participating in the meetings, and cooperating with visits planned with the prospective foster parents.

## **VIII. SPECIAL REACH IN PAYMENT FOR YOUTH STEPPING DOWN FROM INSTITUTIONS AND GROUP HOMES**

A specialized foster care agency will be eligible for a special 'reach in' payment when a child is stepped down into their home from a residential setting provided that the private agency did not maintain case management while the child was in the residential facility.

A one-time payment of \$1,500 will be paid when the child is actually moved into the specialized foster care placement. Once the child has moved, the private agency must call in the **CFS 906/CFS 906-1** and the **CFS 1425** (only submit when requested by the Department). The **CFS 1042** billing must be attached to the **CFS 968-75, Provider Matching Acceptance Form for Reach In** and submitted to the DCFS Regional IGH to Specialized Foster Care Step Down Coordinator. The only sections of the **CFS 1042** that must be completed include the name and ID of the child stepping down, the signature of the POS provider, the total amount, and the TOS code of 0118.

The DCFS Regional IGH to Specialized Foster Care Step Down Coordinator will sign the **CFS 1042** authorizing payment to the private agency. The signed CFS **1042** billing summaries and the **CFS 968-75** must be submitted by the DCFS Coordinator to:

Central Office Client Payment Unit  
406 East Monroe- Mail Station #438  
Springfield, IL 62701

After verification of the **CFS 906/906-1** and that the case manager has been updated in the Department's CYCIS system, the Central Office Payment Unit will process the reach in-payment.

## **IX. QUESTIONS**

Questions regarding this Policy Guide should be directed to the Office of Child and Family Policy at 217-524-1983.

## **X. ATTACHMENTS**

Appendix A – List of DCFS Regional IGH to Specialized Foster Care Step Down Coordinators

Appendix B – **CFS 2016, Child Clinical Summary**

Appendix C – **CFS 968-75, Provider Matching Acceptance Form for Reach In**

## **XI. FILING INSTRUCTIONS**

File this Policy Guide in Procedures 301, Section 301.60 between pages 2 and 3.

## APPENDIX A

### LIST OF DCFS REGIONAL IGH TO SPECIALIZED FOSTER CARE STEP DOWN COORDINATORS

Region	Name	Address	Phone Numbers	Email
<b>Cook North</b>	Sari Rowitz	1911 S. Indiana Chicago, IL 60616	312-328-2484 Fax: 312-328-2688	SRowitz@idcfs.state.il.us
<b>Cook South</b>	Lorne Garrett	6201 S. Emerald Chicago, IL 60621	773-371-6015 Fax: 773-371-6534	LGarrett@idcfs.state.il.us
<b>Cook Central</b>	Marilyn Hyde	4909 W. Division Chicago, IL 60651	773-854-1758 Fax: 773-854-2215	MHyde@idcfs.state.il.us
<b>Northern</b>	Gregg Fliehler	107 N. Third St Rockford, IL 61107	815-967-3749 Fax: 815-967-3768	GFliehle@idcfs.state.il.us
<b>Southern</b>	Linda Karfs	#10 Collinsville Ave – Ste 104 East St. Louis, IL 62201	618-583-2047 Fax: 618-583-2147	LKarfs@idcfs.state.il.us
<b>Central</b>	Lynda Petrick	1806 Woodfield Dr Savoy, IL 61874	217-278-5300 Fax: 217-278-5321	LPetrick@idcfs.state.il.us
	Anne Bergstrom	5415 N. University Ave Peoria, IL 60614	309-693-5315 Fax: 309-693-4907	ABergstr@idcfs.state.il.us

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## PLACEMENT AND VISITATION SERVICES

April 6, 2009 – P.T. 2009.07

whenever staff must communicate with children, their families, or caregivers, whose primary language or mode of communication is other than English.

The Department will help foster parents obtain supportive services or equipment necessary for the safety of or to facilitate communication with children who have hearing impairments. Such devices may include TTY's, flashing smoke detectors, amplifiers, etc.

### == 8) **Children of Hispanic or Latino Origin (Statewide)**

Diligent efforts must be made to place a child of Hispanic or Latino origin whose family's preferred language is Spanish in a foster home that has been deemed to be a Spanish-speaking home or a bilingual (English/Spanish) foster home. The Department or private agency caseworker must ensure that a language determination form **CFS1000-1/CFS1000-1S** has been properly completed to correctly identify the primary language of the child's family. If the caseworker determines that a Spanish-speaking or bilingual home is not available, the caseworker must complete form **CFS-1000-A, Burgos Violation Notification Form, Spanish Speaking Child Placed in a Non-Spanish Speaking Living Arrangement**, and forward it to the Department's Burgos Coordinator within three working days of the placement of the child in a non-Spanish speaking home. A copy of the form is to be forwarded within three working days to the following:

- A) local administrator for resources or support services,
- B) Chief of the Office of Latino Services,
- C) the Regional Administrator or designee of the affected region (Cook or Aurora); and
- D) the Agency Performance Team representative, if services are provided by a private provider.

If the child whose primary language is other than English is placed in a home that cannot communicate in the child's language, Department or private agency staff must continue to make and document diligent efforts to identify a placement for the child where the caregiver is able to communicate in the child's language. If attempts, utilizing Department and/or private agency resources, to identify a Spanish-speaking home for a Spanish-speaking child are unsuccessful, the Burgos Coordinator must be notified in writing.

### 9) **Foster Parent Preference**

When placement in a foster family home is identified as the least restrictive placement resource which can meet a child's needs, the worker shall give careful consideration to **Section 1519.1 of the Adoption Act** concerning foster parent

## PLACEMENT AND VISITATION SERVICES

April 6, 2009 – P.T. 2009.07

preference. This Section requires that licensed foster parents be given preference and first consideration for adoption when a child who has been in their continuous care for one year or longer, the child has a permanency goal of adoption, and the child is legally free for adoption. As all foster family home placements must be viewed as potential adoptive placements if reunification efforts are unsuccessful, the following areas shall be considered when selecting a foster family home:

- o current and anticipated future needs of the child;
- == o ability of the foster parent(s) to meet the current and anticipated future needs of the child. Placement in a foster or adoptive family home shall not be denied or delayed on the basis of the race, color, or national origin of the child, or the foster or adoptive family home members. The decision to consider the foster parents as an adoptive placement must rest on a child's individual needs and not on assumptions that individuals may hold as to what a child of a particular racial or ethnic background may need. (See Subsections (b) Assessing the Child's Individual Needs and (c) Caregiver's Capacity to Meet the Child's Needs, below.)

Foster parents are to be informed of the availability of adoption assistance for special needs children.

### == b) **Assessing the Child's Individual Needs**

In assessing the child's individual needs for placement, the placing worker selecting an initial or subsequent placement shall consider the needs of the child based on available information at the time of placement. The caseworker shall document the criteria assessing the child's individual needs and the capacity of the caregiver to meet those needs by using the **CFS 2017, Child/Caregiver Matching Tool**. The purpose of the matching tool is to help the worker obtain the best possible placement for the child and to document the factors that were used in selecting the placement.

The investigation specialist or placing worker must take the child's present and future needs into consideration when selecting the best first placement (e.g., allergies, asthma, physical disabilities, medical equipment, behavioral health, etc.). The goal should be to select the best possible placement for the child with a caregiver who is able to meet the documented needs of the child, both now and in the future, in order to avoid having to change a placement in the future based upon factors that were known and documented at the time of placement.

The placing caseworker shall attach copies of any relevant and available school reports, medical and psychological evaluations, lists of known medications including prescription, over-the-counter and emergency/rescue medications, disciplinary or police reports, etc. as necessary, to provide a complete description of the child's situation in order to document the child's individual needs. The **CFS 2017** shall be reviewed by the placing worker's supervisor.

## **PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 – P.T. 2009.07**

### **1) Initial placement: no current open case or an emergency placement made after hours when immediate removal is required to ensure the child's safety.**

The investigation specialist or placing worker shall gather the following information:

- o information about the child's behavioral and medical health. This includes identifying known medical conditions such as asthma or allergies, current medications including prescription, over-the-counter and emergency/rescue medications, and determining whether there is durable medical equipment that needs to accompany the child;
- o immediate physical health based upon physical examination;
- o allegation(s) necessitating the placement, including type, frequency, duration and emotional effects of abuse or neglect;
- o family members, including parents, siblings, and extended family;
- o known community activities, including school, church, and social activities; and
- o language or method of communication for the child and parent(s) or caretaker; and

complete as much of the **CFS 2017, Child/Caregiver Matching Tool**, as possible with information that is available.

### **2) Placement of child after intact services offered.**

The intact family services caseworker shall complete the **CFS 2017** in its entirety based upon information gathered during the provision of intact family services. To the extent that the information described above is not known or available in the record, the caseworker or investigation specialist shall obtain it as soon as it becomes apparent that the child will require placement.

### **3) Change of Placement from One Out-Of-Home Placement to Another**

When the Department or agency makes the critical decision to move the child, it will inform the foster parent, relative caregiver, child's family, and child (through the child's representative), that the child will be moved to another placement.

- A) Unless there are concerns for the child's safety in accordance with subsection (3)(B), the Department or agency will notify the involved parties at least **14 days prior** to the proposed move. The staff person removing the child will hand the caregiver a copy of the **CFS 151-B, Notice of Change of Placement**, at the time of the removal. Copies must be sent to the child's family and the child (through the child's Guardian ad litem).
- B) In the event the Department or agency has reason to believe the safety of the child cannot be assured in the current placement, the child will be removed immediately. Assessment of the safety of the child will be determined in

## PLACEMENT AND VISITATION SERVICES

April 6, 2009 – P.T. 2009.07

accordance with the Child Endangerment Risk Assessment Protocol, Procedures 300, Appendix G or Procedures 315, Appendix A. Upon removal, the staff person will hand the caregiver a copy of the **CFS 151-B**. Copies of the form must also be sent to the child's family and the child (through the child's Guardian ad litem).

- C) The child's needs, as documented in the **CFS 2017**, which shall be completed in its entirety, shall be used to determine the appropriateness of a change of placement from one substitute care provider to another substitute care provider. (For purposes of this Subsection (3), neither the Emergency Reception Center nor a psychiatric hospital is considered a substitute care provider.)
- D) If the current substitute care provider is meeting the child's identified needs, a change of placement should not be considered, except for the following reasons:
  - i) The child's safety in the care of the current caregiver is in question following a safety determination using the Child Endangerment Risk Assessment Protocol;
  - ii) The child can be placed with siblings in accordance with Section 301.70;
  - iii) The child's communication needs are not being met;
  - iv) The child has or develops a behavioral or medical health condition and the child's health care needs are not being met or cannot be met in the current environment or by the current caregiver.

**If the caregiver is unable or unwilling to adhere to the recommendations of the child's physician, the worker must immediately seek another placement.**

When approved by the physician, the caregiver should be given an opportunity to make the necessary changes or obtain training that will allow the child's health needs to be met. The physician shall specify a reasonable time frame for completing these tasks.

- v) The current caregiver expressly refuses to facilitate the agency's recommended and/or court approved permanency plan for the child; or
- vi) The current caregiver requests that the child be placed elsewhere.

# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X & Z

## POLICY GUIDE 2003.01

### CLINICAL REVIEW OF NOTICE OF PLACEMENT CHANGE COOK COUNTY ONLY

**DATE:** January 24, 2003

**TO:** Rule and Procedure Bookholders and DCFS and Purchase of Service Staff

**FROM:** Jess McDonald

**EFFECTIVE DATE:** January 6, 2003

#### I. PURPOSE

The purpose of this Policy Guide is to address the requirement for a clinical staffing when a notice of placement change is issued for a specific group of children. The Policy Guide outlines the method of referral, the reviewing body, and the timeframe for reviews.

#### II. PRIMARY USERS

The primary users of these procedures are placement staff of the Department and purchase of service (POS) agencies, and providers contracted to provide System of Care (SOC) services.

#### III. BACKGROUND

Research has documented that children experiencing instability while in substitute care are more likely to develop problems forming lasting attachments. Instability also diminishes a child's prospects for permanency, leading to longer stays in substitute care. Clinical interventions prior to the point of crisis offer the potential to stabilize placements and prevent the disruption for children.

Placement moves should only be made consistent with the child's best interest. Unless the move results from a safety issue, all moves should be planful and may require more than the typical fourteen days.

This policy does not alter the requirements of Procedures 301.65, Disputed Change of Placement, and Part 337, Service Appeals.

#### IV. CASES TO BE REVIEWED

When a **CFS 151B, Notice of Change of Placement**, is issued for any child in traditional and/or relative care in Cook County, a clinical placement review is required. There are some placement moves that will not be subject to review unless the placement move is



appealed as outlined in Procedures 301.65 and Part 337, Service Appeals. The following type of moves will not be subject the placement review process:

- Home of Relative (HMR) placement to a Home of Relative (HMR) placement when the child has not already experienced a move
- Traditional placement to an HMR placement within 90 days of case opening
- Movement to consolidate siblings in a single home when they are currently separated in different homes
- Movement to a Specialized Foster Care placement as approved by the DCFS Specialized Foster Care gatekeeper
- Movement to a residential placement as approved through the recommendation of a DCFS Placement Review Team (PRT) and approved by the Deputy Director of Operations
- Movement to an Independent Living Program as approved by the appropriate DCFS regional clinical services manager

No other placement change may occur without a clinical review as outlined below. Children whose safety is at risk may be immediately moved if a CERAP is completed, indicating the imminent risk and that the current placement is unsafe.

## **V. REQUEST FOR REVIEW**

When a **CFS 151B, Notice of Placement Change**, is issued by either a caseworker or case management agency, a copy of the notice must immediately be faxed to the Clinical Placement Review Team at 312-814-1653. The notice will be tracked and immediately referred to the appropriate review body. The faxed information should minimally include:

- the completed **CFS 151-B, Notice of Placement Change**;
- a child specific placement history;
- a **CFS 151-E, Summary of Clinical Placement Review**; and
- a current **CFS 151-F, Summary for Placement Review**, including the agency's placement recommendation.

Information will be sent to a clinical review body determined by the reason for placement change: notice given by the foster parent, notice given by the assigned agency, or safety concerns.

### **A. Foster Parent Notice of Placement Change**

When a foster parent issues notice to remove a child, the assigned agency must contact the designated System of Care provider (based on the LAN of placement) within 24-hours of the notice. The following must be faxed to the appropriate SOC provider:

- a copy of the **CFS 151-B, Notice of Placement Change**;
- a placement history;
- a completed **CFS 968-54A System of Care Referral Form**; and
- a current **CFS 151-F, Summary for Placement Review**, including the agency's recommendation.

The SOC will convene a child and family team meeting no later than ten days after the date of notice, and minimally include the assigned caseworker, casework supervisor, the current caregiver, and the child if clinically appropriate. During the

team meeting, the SOC provider will assess the need for and recommend services designed to stabilize the placement. If the caregiver is unwilling to accept services or the SOC provider does not recommend services, the SOC provider will consult with the casework agency on appropriate services to support the new placement.

When the foster care agency and the appropriate SOC provider are the same, the case must be referred for a staffing conducted by the Clinical Placement Review Team as outlined above.

SOC will continue to provide services to other appropriate case referrals received prior to notice of placement change as outlined in their program plan.

#### **B. Agency or Disputed Placement Change**

For cases in which the foster care agency issues a notice of placement change, the assigned agency must contact the Clinical Placement Review Team within 24-hours of notice. The following must be faxed to the DCFS Clinical Placement Review Team at 312-814-1653:

- a copy of the **CFS 151-B, Notice of Placement Change**;
- a placement history;
- a **CFS 151-E, Summary of Clinical Placement Review**; and
- a current **CFS 151-F, Summary for Placement Review**, including the agency's recommendation.

The Clinical Placement Review Team will convene a staffing no later than ten days after the date of notice, and minimally include the assigned caseworker, casework supervisor, the current caregiver, and the child if clinically appropriate. The appropriate SOC provider will also be invited when appropriate. The Clinical Placement Review Team will make a recommendation regarding the placement decision, and if determined that a placement move is appropriate, will consult with the casework agency on appropriate services to support the new placement.

The Clinical Placement Review Team will maintain the responsibility for staffing all disputed placement changes as identified through the service appeal process.

#### **C. Safety Concerns with Immediate Placement Change**

When a child must be immediately moved due to safety concerns, the worker must document the imminent risk and unsafe conditions on a CERAP. Within 24-hours of the placement change, the assigned casework agency must fax a copy of the completed CERAP to their designated APT liaison (POS) or Regional Administrator (DCFS). Clinical staffings will not be conducted for these cases unless requested by the APT liaison or the Regional Administrator, the assigned casework agency, or through the formal service appeal process.

### **VI. COMPLIANCE**

DCFS will produce a monthly report of all placement moves that occurred during the previous thirty days. This list will be shared with both the appropriate SOC provider (based on the LAN of the disrupted placement) and the Clinical Placement Review Team to determine if the case had been referred for a clinical staffing.

In the event of a placement move occurs without a referral made to either SOC or the Clinical Placement Review Team, the case information will be referred to the appropriate Agency Performance Team (APT) for follow-up on POS assigned cases and to the appropriate Regional Administrator for DCFS assigned cases. If APT did not receive a completed CERAP identifying the move as an emergency removal, APT will initiate corrective action, which may include intake hold or contract termination. For DCFS assigned cases, the Regional Administrator will determine if the placement change was safety related, as verified by a completed CERAP. If the protocol was not followed, the Regional Administrator will initiate disciplinary action.

## **VII. QUESTIONS**

Questions regarding this Policy Guide should be directed to the Office of Child and Family Policy at 217-524-1983, Outlook at OCFP or at [cfpolicy@idcfs.state.il.us](mailto:cfpolicy@idcfs.state.il.us) for non-Outlook users.

## **VIII. ATTACHMENTS**

**CFS 151-B, Notice of Change of Placement** (Rev. 1/2003)

**CFS 151-E, Summary of Clinical Placement Review** (New 1/2003)

**CFS 151-F, Summary for Placement Review** (New 1/2003)

These forms may be ordered in the usual manner. They are also available as templates on SACWIS and on the DCFS Web site.

## **IX. FILING INSTRUCTIONS**

File this Policy Guide In Procedures 301.60 after page 301.60 – (5).



## **PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 – P.T. 2009.07**

If any of the reasons in paragraphs (A) (i) through (v) are present, the caseworker and supervisor may approve a change of placement.

- E) If one of the following conditions (i) or (ii) are present, the worker and supervisor must seek clinical consultation from the Region's Clinical Manager or designee (in purchase of service agencies, the clinical manager or the agency's counterpart to a clinical manager shall be used) or the Regional or Chief Nurse and an individualized clinical staffing must be held to determine the appropriateness of continued placement or placement change;
- i) An individualized assessment focused on the special needs of the child, indicates that the child's physical, medical, social, and educational needs are not being or cannot be met by the current caregiver or when the child's needs may be met more immediately or appropriately by another caregiver; or
  - ii) The child self identifies the need for placement.

The required consultation in Subsections (B) (i) and (ii) above between the caseworker and clinical manager or designee may be completed via an in-person meeting or by telephone provided the clinical manager has received and reviewed all the relevant materials, including the **CFS 2017** and any relevant documentation. If the clinical manager retains the assistance of outside consultants (e.g. child development specialist), the recommendation of the consultant shall also be attached to the **CFS 2017**.

When a child's placement is changed for the purpose of meeting the child's individual needs, the placing worker must document on the **CFS 492, Case Entry**:

- o the reason for change of placement, referencing the child's identified individual needs that precipitated or resulted in the change of placement;
- o the child's need for continuity beyond the current caregiving family;
- o the child's need to remain connected to the child's primary community;
- o when reunification is the permanency goal, include the child's parents in the decision and arrangements; and
- o arrange and implement a proper transition for the child, including transition into the new caregiver's home and, if necessary, with new service providers.

A child may not be moved from a current placement for reasons other than those listed in this subsection without administrative approval of the Regional Administrator and the region's Clinical Manager.

## PLACEMENT AND VISITATION SERVICES

April 6, 2009 – P.T. 2009.07

### 4) Addressing the Issue of Race in Placement

In compliance with the Federal Interethnic Placement Act, the Department or purchase of service agency staff may not:

- o deny to any person the opportunity to become an adoptive or foster parent on the basis of race, culture, or national origin of the adoptive or foster parent or the race, culture, or national origin of the child involved in the foster or adoptive placement; or
- o delay or deny the placement of a child for adoption or into foster care on the basis of race, culture, or national origin of the adoptive or foster parent or the race, culture, or national origin of the child involved in the foster or adoptive placement.

Placement decisions require a case by case approach. While race, culture or national origin are **not** to be routinely considered when placing a child, an individual case may present facts that require the Department or purchase of service agency to consider the cultural, ethnic, or racial background of the child. However, the Department or placing agency must ensure that their decisions rest on a child's particular and documented needs and not on a set of assumptions that individuals may hold as to what a child of a particular racial or ethnic background may need.

Therefore, if race, color, or national origin is raised as factors in a particular child's initial placement or change in placement, the following procedures must be followed:

- A) The consideration of race by the placing worker must be narrowly tailored to advance the child's best interests and must be made as an individualized determination and must be based on concerns arising out of the circumstances of the individual case.
- B) Such individualized determinations must not be used so frequently as to become a means of circumventing the Interethnic Placement Act which prohibits the denial or delay of a child's placement based on the race, culture, or national origin of the child or the potential caregiver.
- C) In addition to the child's individual needs assessment using the **CFS 2017, Child/Caregiver Matching Tool**, the following are examples of factors that must also be present in the determination to consider race, culture, or national origin in the placement of a child:
  - i) the child states a preference for a placement with a caregiver of the same race, culture, or national origin; or

## PLACEMENT AND VISITATION SERVICES

April 6, 2009 – P.T. 2009.07

- ii) persons who know the child in a professional capacity strongly believe the child should be placed with a caregiver of a particular race, culture, or national origin. Persons who know the child in a professional capacity may include: the child's guardian ad litem, physician, therapists, teachers, etc.; or
  - iii) the child's caseworker is aware of factors that lead the caseworker to believe that only a placement with a caregiver of the same race, culture, or national origin is in the child's best interests. **Caseworkers shall not base their opinion on personal feelings, beliefs, or biases regarding race, culture, ethnicity, or national origin but rather on the child's needs and expressed desires.** Such factors may include:
    - o whether a child has lived in one racial, ethnic, or cultural community. The placing worker may assess the child's ability to make the transition to another community;
    - o whether a child has a strong sense of identity with a particular racial, ethnic, or cultural community. The placing may consider whether it would be in the child's best interests not to disrupt that community tie. In making this determination the Department may consider the child's stated preferences for placement in a specific community.
- D) The placing worker shall complete a **CFS 2018, Interethnic Placement Act Assessment Form**, which shall document:
- i) that race, culture, or national origin has been raised as an issue in the placement of the child;
  - ii) who raised the issue of race, culture, or national origin;
  - iii) whether or not the placing worker believes there is any merit to the issue;
  - iv) any criteria for assessing the child's need for a placement with a particular race, culture, or national origin. Attach copies of any relevant school reports, medical and psychological evaluations, disciplinary or police reports, etc. as necessary, to provide a complete description of the child's situation in order to document the conclusions that the placement decision is in the best interests of the child.
- E) The worker's assessment must be reviewed by the caseworker's supervisor, and the regional Clinical Manager. The regional legal counsel may be included, if necessary. The consultation between the caseworker, supervisor,

## PLACEMENT AND VISITATION SERVICES

April 6, 2009 – P.T. 2009.07

clinical manager, and regional legal counsel (if participating) may be completed via an in-person meeting or by telephone provided the Clinical Manager and regional legal counsel (if participating) have received and reviewed all the relevant materials, including the assessment form and any relevant documentation. If the Clinical Manager enrolls the assistance of outside consultants (e.g. child development specialist), the recommendation of the consultant shall also be attached to the final assessment.

In those cases where a child has expressed a concern or preference regarding the placement, the Clinical Manager should meet with the child outside the presence of the caseworker.

- F) The final decision of whether the child, based on the child's assessed needs, requires a placement with a caregiver of a particular race, culture, or national origin, shall be made by the Regional Clinical Manager.
- G) The final decision must be dated and signed on the **CFS 2018, Interethnic Placement Act Assessment Form**, by the parties involved in the staffing. The decision is considered valid for no more than one year from completion. Written, signed, and dated updates, rather than a new determination, may be made for an additional two years.
- H) The original of form **CFS 2018, Interethnic Placement Act Assessment Form** is to be maintained in the case file. Copies are to be retained by the regional Clinical Manager and Legal Counsel (if participating). The caseworker shall forward a copy to the Office of Quality Assurance and the Department Interethnic Placement Act Monitor. The worker shall also have a copy available at the next scheduled Administrative Case Review.

### c) **Caregiver's Capacity to Meet the Child's Needs**

A caregiver shall be selected who is able to meet the documented individual needs of the child (See (b) Assessing the Child's Individual Needs above). It is preferred that persons who provide care for children are able to accommodate all the members of a sibling group, if a sibling group is being placed.

The criteria for assessing the capacity of the foster parents to meet the needs of the child are to be documented in the **CFS 2017, Child/Caregiver/Matching Tool**. The **CFS 2017** must be reviewed with the casework supervisor. The caseworker and supervisor may consult with regional family development staff or other staff familiar with the caregiver.

The above assessments must be completed whenever an initial placement is being made or when a change of placement is planned or occurs, unless the child is being returned home.

## PLACEMENT AND VISITATION SERVICES

April 6, 2009 – P.T. 2009.07

### d) Placement Alternative Contract

The Placement Alternative Contract (PAC) program is for selected youth, ages 18 or older, who are in the custody or guardianship of the Department and are unable to accept a traditional placement option. A youth selected for this program will receive services and financial support from the Department in a placement of his/her choosing, provided the youth has:

- selected a safe dwelling within the State of Illinois for himself/herself, and his/her children, if any;
- established written goals that promote the youth's ability to achieve economic self-sufficiency; and
- identified an advocate who will assist the youth in achieving his/her goals.

To be eligible for consideration in the Placement Alternative Contract program, the youth must satisfy each of the criteria set out below.

1. The youth must be age 18 or older. No exceptions will be made.
2. The youth must identify a dwelling where he/she will reside that satisfies the minimum safety requirements set out in the **CFS 453-A, Placement Alternative Contract Safety Checklist**. For a parenting youth, the placement must also satisfy the requirements in the **CFS 453-B, Placement Alternative Contract Additional Safety Checklist for a Parenting Youth Whose Children Will Share or Visit the Placement**.
3. The youth must identify an advocate who will assist the youth in achieving his/her goals and cooperate with the youth's caseworker. The advocate may be an adult relative or friend, a current or former caseworker or foster parent, or another adult who can mentor the youth. An advocate who is not a caseworker or foster parent must submit an authorization for a CANTS and criminal background (fingerprint and LEADS) check.
4. The youth and advocate must complete the **CFS 453-C, Placement Alternative Contract 90 Day Self-Sufficiency Plan**, identifying the youth's goals in preparing for independent living/adulthood, listing specific tasks along with timeframes for achievement and a plan for accomplishing each task (e.g., who, what, when, where, how), and identifying the method for measuring progress or completion (should include all life domains). The completed Self Sufficiency Plan shall be given to the youth's caseworker.
5. The caseworker shall submit the Self Sufficiency Plan to a Child and Youth Investment Team (CAYIT) for review within 2 weeks of the date the plan is received from the youth and advocate.

## **PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 – P.T. 2009.07**

6. The youth and advocate must attend the CAYIT meeting, present the Self Sufficiency Plan, and provide sufficient information and documentation to establish that the youth's proposed living arrangement satisfies the minimum safety requirements set out in the Safety Checklists.
7. The CAYIT team shall review the plan and may make recommendations for changes or additions. If the plan is approved, the CAYIT team shall recommend that the youth be offered a 90-day Placement Alternative Contract and refer the case to the designated PAC review team.

The Division of Placement and Permanency Services PAC review team shall implement the 90-day Placement Alternative Contract no later than 2 weeks from the date of the CAYIT recommendation. If the advocate is the youth's current caseworker, the caseworker shall continue case management during the 90-day contract period. If the advocate is a DCFS/POS caseworker other than the current caseworker, the PAC review team may ask the current caseworker to transfer the case to another caseworker/service team in the vicinity of the youth's proposed placement.

To initiate the Standard of Need payment to the youth, the caseworker must fax a completed CFS 906/906-1 with a reason code "SSA" and Type Service Code "0731", a Placement Clearance Number, and written approval for the Placement Alternative Contract to the Central Payment Unit (fax: 217-557-0639). For a parenting ward with custody of his/her children, the names and birthdates of the children must be noted on the bottom of the CFS 906/906-1 in order to initiate the Ward With Infant special service fee.

During the 90-day contract period, the caseworker shall ensure that the Standard of Need payment is sent directly to the youth, and other Department services listed or recommended in the Self-Sufficiency Plan are available to the youth.

Prior to the end of the 90-day contract period, the caseworker shall request a staffing by the PAC review team to determine whether:

- the youth is making progress toward completion of his/her goals;
- the goals are modified as needed to reflect progress and barriers; and
- the contract should be extended for additional 90 day period.

The PAC review team staffing shall include the youth, advocate, caseworker, and a multidisciplinary team composed of persons who are knowledgeable about young adult services, supports and placements. The staffing participants shall determine whether the youth has completed, or made consistent efforts to complete, the tasks outlined in the Self-Sufficiency Plan. The youth's absence from the agreed placement or unauthorized change in placement, and safety-related changes in the current placement shall be considered. The staffing participants shall also review whether the youth has maintained regular contact with his/her advocate and participated in activities identified in the Placement Alternative

## **PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 – P.T. 2009.07**

Contract that are designed to increase the likelihood of successful transition to independence/adulthood (e.g., substance abuse treatment, counseling services, health services, etc.).

The PAC review team may extend the Placement Alternative Contract for additional 90-day periods when the staffing participants determine that the youth is making sufficient progress toward achieving his/her goals. The caseworker shall document the PAC review team's decision to grant or deny a 90 day extension at the end of the **CFS 453-C, Placement Alternative Contract 90 Day Self-Sufficiency Plan**.

When a 90-day extension is approved, the caseworker must submit a new CFS 906/906-1 to the Central Payment Unit before the end of the current 90-day contract period. If a new CFS 906/906-1 is not received by the Central Payment Unit, the Standard of Need payment to the youth will be terminated at the end of the current 90-day period.

When requested by the youth, the Department may petition the court to close the case if the youth has demonstrated the ability to function on his/her own with minimal support. A written plan explaining how the youth will live, work and meet expenses without Department assistance must accompany a request for case closure.

If the youth has not made sufficient progress toward achieving his/her goals, the Department shall not extend the Placement Alternative Contract. Instead, the PAC review team shall offer the youth a more structured placement or offer the option for the youth to continue to live on his/her own with services but without the Standard of Need payment for a maximum 90-day period. If the youth opts to live on his/her own, the caseworker must submit a CFS 906/906-1 to the Central Payment Unit with the reason code "SSU" in order to terminate the Standard of Need payment. If the youth demonstrates progress toward achieving his/her goals during this 90-day period, the youth may ask the caseworker to request a staffing for reconsideration of another Placement Alternative Contract. The Department shall petition the court to vacate guardianship when a youth age 18 or older in "SSU" indicates, by action or inaction, an unwillingness to accept appropriate services and guidance from the Department.

**No "Standard of Need" Payment for an Unapproved Placement (SSU).** When a youth selects a placement that is unapproved, the caseworker shall fax a CFS 906/906-1 with the reason code "SSU" to the Central Payment Unit (fax: 217-557-0639). However, a parenting ward with custody of his/her children can still receive the Ward With Infant special service fee and Medicaid card for the children, and the names and birthdates of the children must be noted on the bottom of the CFS 906/906-1 in order to initiate this fee. The caseworker shall work aggressively to engage the youth, including helping the youth identify resources in the community and approved placement options. The worker shall document all efforts to engage the youth.

## **PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 – P.T. 2009.07**

When a youth who is currently in the Placement Alternative Contract program moves from an approved placement during the 90-day contract period without prior written approval from the caseworker, all terms of the Placement Alternative Contract shall become void, and the Standard of Need payment shall immediately cease. To stop the Standard of Need payment, the worker must fax a CFS 906/906-1 with the reason code “SSU” to the Central Payment Unit. A placement clearance number is not issued on unapproved placements.

The caseworker and supervisor shall assess each youth age 18 or older who has lived in an unapproved placement for 90 days or more. The caseworker shall ask the youth to be present for this assessment. When the youth cannot or will not attend the assessment, the worker and supervisor may conduct the assessment by reviewing the youth’s record. When the youth demonstrates, by action or inaction, an unwillingness to accept appropriate services and guidance from the Department, and a court has not adjudicated the youth to be a disabled adult, the Department may petition the court to vacate guardianship.

**Support Services and Ward With Infant Special Service Fee.** Youth in the Placement Alternative Contract program are eligible for supports related to the activities specified in the Placement Alternative Contract (e.g., bus passes for youth attending educational or employment-related activities).

Parenting wards with custody of their children who have a Placement Alternative Contract or who live in an SSU-coded placement within Illinois are eligible to receive the Ward With Infant special service fee and Medicaid card for their children. Parenting youth in the Placement Alternative Contract program will receive the special service fee along and the Standard of Need payment by mail as long as they remain in their approved placement. Youth in unauthorized placements within the Teen Parenting Service Network will receive the Ward With Infant special service fee from their assigned caseworker during the monthly in-person visit\* with the caseworker. Downstate parenting youth in unapproved placements will receive the Ward With Infant special service fee by mail after monthly verification by the caseworker of the youth’s place of residence.

\* Workers shall continue to see the youth in-person at least once a month. During this monthly in-person contact, the worker shall observe whether, for the time being, the youth and the youth’s children appear unharmed and the youth’s children’s needs are being met. This visit should be supportive, allowing the caseworker the opportunity to reengage the youth by offering any services, supports or a more appropriate living arrangement. When the youth remains unavailable, the worker shall seek assistance from the youth’s Attorney/Guardian ad litem in arranging a meeting with the youth.



## **PLACEMENT AND VISITATION SERVICES**

**July 18, 2008 – P.T. 2008.15**

### **PAC Questions and Answers**

**Q: Who can be an advocate?**

A: An advocate must be an adult, and may be a mentor, teacher, adult friend or relative, caseworker, former caseworker or former foster parent.

**Q: Why start the process with a CAYIT?**

A: Before selecting PAC as the appropriate alternative, the caseworker should review all available alternatives for placement of a youth (e.g., TLP/ILO, YIC, return home, adolescent foster care, etc.). The CAYIT is the process for reviewing the level of care in these circumstances.

**Q: Does the caseworker also have to complete the CFS 2025, Home Safety Checklist?**

A: No. The caseworker must only complete the CFS 453-A and CFS 453-B for youth in the PAC program.

**Q: Who is on the PAC review team?**

A: The youth's advocate, caseworker and clinical staff with special knowledge of adolescent resources, including a regional transition manager.

**Q: Why review the PAC at the end of each 90 days? If the youth isn't doing well in the PAC by the end of the first 90 day period, can't the worker request a staffing by the PAC review team and change the placement? And if the youth is doing well, can't the worker can just renew the PAC for another 90 days?**

A: Early comments from youth on the Placement Alternative Contract program identified as a concern that success or failure should not be determined solely on any one person's (i.e., the caseworker's) opinion. There were concerns that some caseworkers may be biased by their past relationship with the youth, and that different workers may use different standards when making these decisions. The PAC review team ensures that several persons are involved in the review and decision-making process, including the youth's advocate, thereby reducing any effects of worker bias.

**Q: Why should a youth be able to select someone other than his/her caseworker as an advocate when entering the PAC program? Wouldn't having the caseworker in that function keep the caseworker actively involved in the youth's life and ensure consistency?**

A: We completely agree that the caseworker should remain actively involved with the youth during a PAC. However, we also believe that the youth should be allowed to select as his/her advocate someone other than the caseworker. So long as the advocate is willing to share information and cooperate with the caseworker, consistency should not be an issue.

## **PLACEMENT AND VISITATION SERVICES**

**July 18, 2008 – P.T. 2008.15**

**Q: Case closure seems like a drastic measure for a youth who is unsuccessful in the PAC program. Doesn't the Department have an obligation to try to provide another living arrangement so the youth does not become homeless?**

A: The PAC procedure requires that youth who are unsuccessful in PAC shall be offered another type of living arrangement. If the youth does not accept that living arrangement, he/she will be allowed 3 months in an unapproved (SSU) living arrangement before case closure is considered. That makes a total of 6 months (3 months in an unsuccessful PAC followed by 3 months in SSU) before the caseworker and PAC team consider case closure. Case closure is only considered when the youth is unwilling to engage in any of the supports or services that the Department can offer.

**Q: Why does the PAC team evaluate success based on "sufficient progress" rather than "reasonable effort"?**

A: The tasks in a Placement Alternative Contract are set in increments that can be reasonably accomplished within 90 days. Youth in the PAC program should be able to accomplish many tasks and complete some goals within each 90 day time period. The youth should continue to work on the remaining tasks and help identify new tasks and goals at the beginning of each successive 90 day period, toward the goal of achieving emancipation.

**Q: Is the Department required to invite a youth's guardian ad litem to the PAC team review staffing?**

A: A guardian ad litem is welcome to attend and participate at a PAC team review staffing at his/her client's (the youth's) invitation. (Note: At age 18 the youth may chose whether to have his/her GAL/attorney present.)

**Q: Why aren't youth in the PAC program allowed to live out of state?**

A: The caseworker cannot provide services or ongoing monitoring to a home in another state without raising caseworker licensure issues. Further, as long as a youth is receiving benefits in Illinois, he/she is ineligible to receive benefits in another state. In addition, some states will not honor the Illinois Medicaid card, and this would leave the youth without medical insurance.

**Q: Does this policy penalize youth who must move from their approved placement immediately and without notice to the caseworker because of an emergency?**

A: No. The Department is aware that an emergency may arise that may require a youth to move from the approved placement immediately and without notice. A move in this circumstance does not void the PAC. However, the youth is expected to contact his/her caseworker and, when a new living arrangement is identified, go through the appropriate approval process.

## **PLACEMENT AND VISITATION SERVICES**

**July 18, 2008 – P.T. 2008.15**

### **Sample Objectives and Tasks**

1. To secure and sustain employment throughout the 90 day contract

In order to accomplish this I will:

1. Apply for a minimum of 5 jobs that I am qualified for per week.
2. Learn to use the statewide employment database, with assistance from my worker.
3. Keep a log/report of the places where I have applied for work so that my worker has the information needed to respond to inquiries on my behalf.
4. Leave my worker's number as contact information and check in with my worker at noon each day in order to follow-up on my applications.
5. When I am offered a job, I will accept it.
6. When I start the job, I will continue it and will not quit without first consulting with my worker AND identifying another job that pays more money overall.

2. To make progress toward my GED

In order to accomplish this task I will:

1. Accompany my worker to \_\_\_\_\_ and meet with an advisor who can provide me with information regarding my standing with respect to the GED.
2. Enroll in preparation courses for any area of the GED that I am not prepared to test for now.
3. Take those subsets of the GED that I am prepared to test for now.
4. Should I fail any subsets of the GED I will enroll in preparation courses in those areas.
5. I will continue to attend preparation courses on each subset that I have enrolled for until I have passed that subset of the GED test.

3. To participate in recommended therapeutic services

To accomplish this I will:

1. Attend treatment group on Thursdays and will arrive on time. The only acceptable reason NOT to participate is that it conflicts with my work or school schedule.
2. Establish a minimum of once weekly contact with my AA sponsor.
3. Other: (one or two agreed tasks)

**PLACEMENT AND VISITATION SERVICES**  
**July 18, 2008 – P.T. 2008.15**

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# DEPARTMENT OF CHILDREN AND FAMILY SERVICES


Distribution: X and Z

## POLICY GUIDE 2008.01

### LICENSING, PAYMENT AND PLACEMENT OF CHILDREN WITH UNDOCUMENTED RELATIVES

**RELEASE DATE:** May 16, 2008

**TO:** DCFS and POS Staff  
Rules and Procedures Bookholders

**FROM:** Erwin McEwen 

**EFFECTIVE DATE:** Immediately

#### I. PURPOSE

Policy Guide 2008.01 Licensing, Payment and Placement of Children with Undocumented Relatives is being issued to provide information and instructions to DCFS and POS staff regarding placement of children with undocumented relatives in the United States, payments for undocumented relative placements in the United States, licensing procedures for undocumented relatives living in Illinois and placement with relatives in other countries.

#### II. PLACEMENT

Placement practices shall be consistent with the child's best interest and special needs. When children are removed from the care of a custodial parent, the Department explores placement with the non-custodial parent or in the same home where a sibling resides unless the case meets one of the exceptions in Section 301.70. When placement cannot be made with a non-custodial parent or another sibling, substitute care shall be sought. In such cases, relative home care may be an option for placement.

Relative home care shall be explored for children for whom the Department is legally responsible who can be placed in a family structured living arrangement. Placement shall be made only with relative caregivers who are licensed as foster family homes under the provisions of **89 Ill. Adm. Code 402, Licensing Standards for Foster Family Homes**, or if unlicensed, who meet the placement selection criteria of Rule **Section 301.60, Placement Selection Criteria**, and the requirements of **Section 301.80, Relative Home Placement**. Immigration status of a relative caregiver should not hinder the placement of a relative child in the home as long as the requirements of 301.60 and 301.80 are met.<sup>1</sup>

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<sup>1</sup> The foster or adoptive parent who entered the United States on or after 8/22/96 would be eligible to receive title IV-E payments on behalf of the child only if the child is a United States citizen, is in one of the accepted groups listed in Section 403 (b) the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), or has lived in the United States as a qualified alien for five years.



### **III. PAYMENTS**

In order to process payment to the relative for the care of children in their home, the caregiver must have a social security number of (SSN) or an individual taxpayer identification number (ITIN).

An ITIN is a United States tax processing number issued by the Internal Revenue Service. It is a nine-digit number that begins with the number 9 and has a 7 or 8 in the fourth digit. The IRS issues ITINs to individuals who are required to have a taxpayer identification number but who do not have, and are not eligible to obtain, a Social Security Number. Although some countries have citizenship numbers that are equivalent to SSN, such numbers cannot be used for the purposes of placement. The number required must be issued by the IRS. The ITIN is granted regardless of immigration status.

If the caregiver resides in the U.S., cannot obtain a SSN and intends to file a U.S. tax return now or in the future, the following steps should be taken:

- a. A W-7 form must be completed and submitted to the IRS to obtain an individual taxpayer identification number.
- b. Once the ITIN is received from the IRS, a W-9 form must be completed and signed by the provider and faxed to Problem Resolution Unit, 217-782-4246 in order to certify the provider.
- c. Once the ITIN is obtained and certified with the Comptroller, the field can create the caregiver's provider number on PR-02 (Provider Registration Screen), entering the ITIN in the SSN field.
- d. The caregiver's provider number is then used on the CFS 906 form reflecting placement into the undocumented relative's home.
- e. Payment will be issued to the caregiver through the normal board process.

Caregivers who are waiting for an ITIN number may receive retroactive payments. Once the ITIN number has been obtained, a provider number is created and payments can be generated back to the actual placement date.

Placement with any such caregiver in the U.S. but outside of Illinois must also include approval of the Interstate Compact Office and the juvenile court.

### **IV. LICENSING**

Licensing supervisors are advised to accept the ITIN in lieu of a SSN on foster care licensing applications.<sup>2</sup> All other licensing procedures and requirements continue to apply.

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<sup>2</sup> With the use of SSN or ITIN, every adult in the household will be fingerprinted and will undergo a background check. SSN or ITIN are used to initiate sex offender and child abuse/neglect checks on children in the household between the ages of 13 and 17.

## **V. PLACEMENT AND PAYMENT FOR OUT OF COUNTRY PLACEMENTS**

When a supervisor is requesting placement with a relative out of country, prior approval must be obtained through the DCFS Director's Office to ensure that the appropriate pre-placement clearances, service agreements and payment mechanisms can be secured prior to the proposed relative placement.

If the caregiver is a non-resident without a SSN, the following steps should be taken:

- a. Contact the Comptroller Liaison in the Problem Resolution Unit at 217-782-8902 to request a Vendor Payment Number.
- b. DCFS will request a Vendor Payment Number be assigned by the Comptroller's Office.
- c. The Problem Resolution Unit will contact the caregiver and/or caseworker with the assigned number and request a W-8 (if a non-resident) or W-9 (if a resident of the U.S.) be completed and signed by the caregiver and faxed back to the Problem Resolution Unit.
- d. The Problem Resolution Unit will also request a provider number be created by the Central Payment Unit with the out of country address, which requires special handling.
- e. The Central Payment Unit will contact the caseworker with the created provider identification number to use on the CFS 906 form reflecting placement into the relative's home.
- f. Once the CFS 906 has been properly entered, the board system will pay the relative through the normal process.

## **VI. RELATED POLICIES**

**Procedures 327, Appendix F Immigration/Legalization Services for Foreign-Born DCFS Wards** describes the application process for attaining legal (citizenship) status for a child born outside the United States. **Attachment 1, Immigration Services Alert**, notifies DCFS and POS workers of the requirement to determine a child's legal (citizenship) status and explains the benefits and services that may be unavailable to a child who does not become a legal permanent resident of the United States. **Attachment 2, Emergency Care Plan for Children with Undocumented Caregivers**, describes the DCFS or POS worker's responsibility to develop an emergency care plan for children in the event that their caregiver is detained due to his or her undocumented legal status in the United States. Attachment 2 also includes a list of resources and advocates for immigrants and the consulates in Illinois.

**Policy Guide 2008.02, Mexican Consulate Notification of Mexican or Mexican American Minors in the Custody/Guardianship of the Department** provides DCFS and POS workers and supervisors with information about the Memorandum of

Understanding (MOU) between the State of Illinois, the Department and the Consulate General of Mexico. The MOU requires early identification of Mexican or Mexican American minors taken into protective custody by the Department and notification to the Mexican Consulate. Workers must complete the CFS 1000-6, Notification to Mexican Consulate and submit it to the Office of Latino Services. The Office of Latino Services is responsible for notifying the Mexican Consulate. The purpose of the Memorandum of Understanding is to protect the rights of Mexican or Mexican American minors and their families, to assist the child in maintaining family ties and to maintain the child's ethnic, religious and cultural identity.

## **VII. ATTACHMENTS**

**CFS 597-A, Application for an Initial Foster Family Home License**  
**CFS 718, Authorization for Background Check**

## **VIII. QUESTIONS**

Questions regarding this Policy Guide may be directed to the Central Office of Licensing at 217-785-2688.

Questions regarding immigration or legalization services, determination of citizenship status or emergency care plans for children for whom the Department is legally responsible may be directed to 312-814-8600 or [immigration@illinois.gov](mailto:immigration@illinois.gov).

## **IX. FILING INSTRUCTIONS**

File this Policy Guide immediately following Procedures 301.60.



## **PLACEMENT AND VISITATION SERVICES**

**June 1, 2002 – P.T. 2002.18**

### **Section 301.65      Disputed Changes of Placement**

- a) If the child, family, foster parent or relative caregiver disagrees with the decision to change the child's placement, he or she may request a Clinical Placement Review of the decision within three working days of the receipt of the **CFS151-B**. The Clinical Placement Review can be requested either by phoning or faxing the request to DCFS at:

**Phone:            312 - 633-3754**

**FAX:              312 - 633-4091**

The **CFS 151-B** can be used by the caregiver to fax the request for a clinical placement review to the Department. The form has a section in which the caregiver can state the request for the review.

- b) Upon receipt of the request for a Clinical Placement Review, the Department, through the use of designated clinical staff, shall convene a Clinical Placement Review within 5 working days of the receipt of the request to review the placement decision. The purpose of the Clinical Placement Review is to review the current placement, the reason for the disruption or change of placement, the child's needs, and the appropriateness and stability of the proposed placement.
- 1) Clinical staff designated to convene the review shall request the following materials from the casework supervisor:
- The completed **CFS 2017**;
  - The **CFS 497**, Client Service Plan; and
  - The **CFS 1441**, CERAP, (if applicable) and rationale for removal.
- 2) Clinical staff shall invite participation from the following individuals:
- the child, if 12 years of age or older, with consideration given to the material in the review and the benefits of having the child present. Younger children may attend if the caseworker and supervisor determine that the child can benefit from participation in the review process;
  - the child's caseworker;
  - caseworker's supervisor;
  - foster parents/relative caregiver;
  - child's family (when appropriate). Family, in this context, means mother, father, other relatives, or guardians who had custody of the child prior to the Department assuming custody or guardianship;
  - child's guardian ad litem; and

## PLACEMENT AND VISITATION SERVICES

June 1, 2002 – P.T. 2002.18

- any therapist involved prior to the notice of change of placement.

If a foreign language or sign language interpreter is needed, one will be provided.

- c) The Clinical Placement Review must be concluded no later than the date of the planned removal of the child from the current placement, or as soon as possible if the child was removed due to safety factors. At the review, clinical staff, along with the other individuals in attendance, shall assess the placement decision and make recommendations.

**When a child's change of placement impacts a sibling group placement, the clinical review shall also explore the effect of the child's proposed placement upon sibling relationships, the importance of maintaining these relationships, and the plans to reunite the sibling group. A sibling visitation plan shall be established at the review, and sibling visitation included in the CFS 151-D, Placement Review: Action Plan.**

There are two possible outcomes of this initial Clinical Placement Review:

- Agreed Placement Decision

During the Clinical Review Process all parties are able to reach an acceptable Placement Decision that ensures the safety, best interest and well being of the minor. Clinical staff conducting the review shall enter this information on the **CFS 151-C, Placement Review Summary**, which shall be signed by all individuals attending the review. In addition, at this same review, an action plan shall be developed and entered on the **CFS 151-D, Placement Review: Action Plan**. Follow-up clinical reviews may be scheduled based on specific case dynamics.

- No Agreed Placement Decision

During the Clinical Placement Review Process it is determined that the parties are unable to reach a mutually acceptable placement decision. The convener will provide all parties with a decision within 5 working days that includes the clinical rationale for the placement decision; the **CFS 151B**; and the Notice of Appeal Rights to the child, family, foster parents and relative caregivers. The parties will return a copy of the **CFS 151-C, Placement Review Summary** documenting their agreement or disagreement with the decision within 2 working days.

Despite any disagreement, the Clinical Placement Review Decision is to be implemented as mandated in the CFS 151-D.

The worker shall file the **CFS 151-C** and **CFS 151-D** in Section 1 of the child's case record. The **CFS 151-D** is to be attached to the next client service plan.

## **PLACEMENT AND VISITATION SERVICES**

**June 1, 2002 – P.T. 2002.18**

### **d) Service Appeal**

When in disagreement with the final Clinical Placement Review Placement Decision, the child, family, foster parent or relative caregiver may request a fair hearing through the Department's Administrative Hearings Unit as described in Rule 337, Service Appeal Process.

The request for a fair hearing must be in writing, be made within ten days after the Clinical Placement Review Decision and shall include the a copy of the **CFS 151-C** as verification that the Clinical Review Process has been completed. Requests for a fair hearing shall be sent to:

DCFS Administrative Hearings Unit  
Change of Placement Appeals  
Department of Children and Family Services  
406 E. Monroe Street, Station 15  
Springfield, Illinois, 62701.

During the appeal, the child shall remain in the placement that was approved as a result of the Clinical Placement Review.

**PLACEMENT AND VISITATION SERVICES**

**June 1, 2002 – P.T. 2002.18**

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## **PLACEMENT AND VISITATION SERVICES**

**November 6, 2008 – P.T. 2008.20**

### **Section 301.66      System of Care (SOC) Services**

#### **a)      Purpose**

The purpose of this procedure is to:

- 1)      Describe the background and purpose of System of Care services;
- 2)      Define the populations of children who are eligible for System of Care services;
- 3)      Define caseworker responsibilities when utilizing the System of Care;
- 4)      Provide instructions regarding System of Care referral procedures; and
- 5)      Provide a general description of System of Care services.

#### **b)      Primary Users**

The primary users of this procedure are:

- 1)      DCFS and POS staff who are assigned case management responsibility for children and youth placed in traditional foster care or home of relative care; and
- 2)      DCFS caseworkers who are assigned case management responsibility for children and youth placed in DCFS supervised foster homes receiving an “enhanced” board rate; and
- 3)      DCFS and POS caseworkers who are assigned case management responsibility for children and youth who require time-limited assistance to facilitate their transition from institutional or group home care, specialized foster care, a psychiatric hospitalization, detention, or the Department of Corrections to traditional foster care, home of relative care or home of parent.

#### **c)      Definitions**

**Child and Family Team** means a group of persons identified by and with the family who are committed to the family and child and invested in helping them move toward positive changes. Members of the team most commonly include the caregiver; the child (when age appropriate); family members; concerned persons from the community (i.e., juvenile justice, education); the assigned worker; service providers; the child’s parents, when appropriate; and a child’s guardian ad litem.

## **PLACEMENT AND VISITATION SERVICES**

**November 6, 2008 – P.T. 2008.20**

**Completion of an SOC Referral** means that the caseworker has both submitted the SOC referral form to the SOC provider, and discussed the referral with the SOC provider.

**Crisis** means that the child/youth is at imminent risk of placement disruption from the perspective of the caregiver or caseworker due to behavioral or emotional issues, and therefore requires an urgent response.

**Crisis and Referral Entry Service (CARES)** means the CARES staff who will determine case eligibility and refer the child/youth and caregiver for the appropriate crisis intervention services. CARES is staffed 24 hours per day, seven days per week and the number is 800-345-9049.

**Home of Relative Care Placement** means a child/youth in the custody or guardianship of the Department is placed in the home of a relative for purposes of ongoing day-to-day living when the child/youth cannot be placed at home and would benefit from a family structure. The relative caregiver is not required but is strongly encouraged to be licensed by DCFS to provide foster care.

**Individual Plan of Care (IPC)** means a written plan developed by the SOC provider with input from the Child and Family Team which identifies the child/youth's and caregiver's strengths, needs, service goals, service provider and projected frequency and duration of service provision. Updates to the IPC will be made every 90 days while the case is open or as needed in response to the service needs of the child or youth. The IPC reviews include a review of the client's progress as well as a description of how strengths were utilized and/or built up during the period under review. The IPC shall be fully updated at least every 6 months with a Child and Adolescent Needs and Strengths (CANS) assessment ([see subsection 301.66\(h\)\(5\)](#), below), a progress review, strengths narrative and clinical formulation, and updated goals/objectives. The Child and Family Team is involved at each IPC review/update and team members sign the IPC.

**Local Area Network (LAN)** means a voluntary, inclusive, community-based body with the express purpose of improving the welfare of children within a geographically defined area. Membership on the LAN reflects a balance of formal systems that operate in a community along with community stakeholders.

**Permanency worker or assigned worker** means either the Department of Children and Family Services (DCFS) or Purchase of Service (POS) worker who is assigned case management responsibility for a child or youth.

**Placement Alternative Contract Program** offers a youth age 18 or older who is unable to accept a traditional placement the opportunity to receive services and financial support from the Department in a placement of his/her choosing, provided that the youth has selected a safe dwelling within the State of Illinois for himself/herself, and his/her children, if any; established written goals that promote the youth's ability to achieve economic self-sufficiency; and identified an advocate who will assist the youth in achieving his/her goals. Requirements for the Placement Alternative Contract program

## **PLACEMENT AND VISITATION SERVICES**

**November 6, 2008 – P.T. 2008.20**

are set out in Procedures 301.60(d) and replace the requirements for self-selected placements.

**Purchase of Service (POS)** means a private agency contracted by DCFS to provide child welfare services, including case management services.

**Regional Clinical Coordinator** means the staff designated by each DCFS Region to help support SOC activities, help mediate disputes, and provide consultation to SOC providers as requested who are serving LANs within a specific region's boundaries.

**Screening, Assessment and Support Services (SASS)** means a statewide program contracted by DCFS, Healthcare and Family Services (HFS) and the Department of Human Services, Division of Mental Health (DMH) designed to provide screening and support services to a child or youth for whom the Department is legally responsible who is at risk of psychiatric hospitalization. The SASS provider establishes and staffs a system to receive referrals, conduct pre-admission face-to-face psychiatric hospital screenings and to provide deflection services, as appropriate, on a 365-day per year, 24-hour per day, no decline basis. A SASS provider may refer a child/youth for SOC services (through the assigned worker) when the current placement is at risk of disruption without additional support and intervention. Both SASS and SOC providers may simultaneously be involved with a child or youth and his/her caregiver. If both SASS and SOC providers are involved, the SOC provider is responsible for providing primary facilitation and service coordination.

**Traditional Foster Care Placement** means the placement of a child or youth in the custody or guardianship of the Department in the home of a licensed foster parent for purposes of ongoing day-to-day living when the child or youth cannot be placed with his/her parents and would benefit from a family environment.

### **d) Background**

The System of Care (SOC) program is designed to help promote the Department's goals of safety, permanency and well being for the children and youth it serves. To accomplish this, SOC provides short-term services, interventions and support to children and youth with emotional and/or behavioral problems who are identified as being at risk of placement disruption. The length of SOC intervention is determined by the needs of the individual child/youth and his/her placement.

An SOC provider's primary responsibility is to deliver, organize and/or coordinate services and interventions to stabilize a placement. An SOC provider may provide the services/interventions through its own staff, by contracting for services, or by linking a child/youth to existing community resources. SOC services are generally a supplement to enhance those provided by the Department or POS provider and should be requested as soon as the assigned worker or caregiver determines that the placement is at risk of disrupting.

## **PLACEMENT AND VISITATION SERVICES**

**November 6, 2008 – P.T. 2008.20**

The goals of the SOC program are to:

- Increase the number of children and youth who safely remain in their current placements.
- Increase the number of children and youth who successfully transition from a more restrictive to a less restrictive placement.
- Decrease the number of children and youth in traditional or home of relative foster care placements that subsequently need more restrictive and intensive services such as residential care.

### **e) Eligibility for System of Care Services**

#### **1) Children Eligible for System of Care Services**

Any child or youth in the custody or guardianship of the Department who resides in or is returning to the Local Area Network served by the SOC provider and who meets one of the following criteria is eligible for SOC services:

- A) The child or youth is in a home of relative or traditional foster care placement and is at risk of moving to another foster care placement or at risk of requiring a more restrictive living arrangement, and the POS agency providing casework services to the child/youth is fulfilling its obligations regarding the provision of services
- B) A youth in the Placement Alternative Contract program is residing in a placement of his/her choosing and the caseworker has determined that SOC services may help the youth maintain the placement.
- C) The child/youth resides in an eligible placement but is placed in Illinois via an Interstate Compact agreement and has an Department approved caseworker.
- D) The child or youth is in a more restrictive placement (e.g., residential treatment facility, Department of Corrections, psychiatric hospital) and requires additional time-limited services and interventions to successfully transition to a home of relative or traditional foster care placement.
- E) The child or youth is returning to the home of a parent from foster care or a public or private institution (e.g., residential treatment facility, Department of Corrections, a psychiatric hospital), there is an open family case and time-limited assistance is required to successfully complete this transition.



## **PLACEMENT AND VISITATION SERVICES**

**November 6, 2008 – P.T. 2008.20**

- F) The child or youth needs continuing or expanded post-hospitalization services that are not part of the SASS service array or needs services beyond the service timelines of the SASS provider and the child is in an eligible placement.
- G) The child or youth is in an eligible placement as described above and the foster parent has issued notice to remove a child/youth. (For Cook County only, see Policy Guide 2003.01.)

### **2) Children Ineligible for System of Care Services**

The following categories of children are **not eligible** for System of Care services:

- A) Children or youth being served under a POS specialized foster care contract that are not currently stepping down to a DCFS or POS traditional foster care or a home of relative placement.
- B) Children or youth residing in the home of his/her parent (i.e., intact families), regardless of whether DCFS has custody or guardianship of the child or youth, except when the child or youth is stepping down from a foster care placement (including Specialized Foster Care placements) or private or public institution (e.g., residential treatment facility Department of Corrections, a psychiatric hospital) and requires additional time-limited assistance to support the transition.
- C) Children or youth being served in a traditional foster home or home of relative whose needs can be met by services available through DCFS policy (Procedure 359), traditional foster home or home of relative contracts or permanency staff.
- D) Children or youth in post-adoptive homes or subsidized guardianship homes who are eligible for Adoption Assistance or Subsidized Guardianship Services.

### **f) Referral for System of Care Services**

- 1) The SOC provider shall be capable of receiving and responding to referrals each regular State of Illinois business day.
  - A) The DCFS or POS caseworker shall refer eligible children or youth to the SOC provider serving the LAN in which the child or youth is placed. For children or youth who are stepping-down from a more restrictive placement the referral should occur within the 90 day period prior to step-down but not later than 30 days after the actual placement change.

## **PLACEMENT AND VISITATION SERVICES**

**November 6, 2008 – P.T. 2008.20**

- B) Upon submitting the referral form to the SOC provider, the caseworker shall contact the SOC provider by phone to provide any additional or clarifying information. The initial referral is NOT complete until the caseworker has completed both steps: submitted the SOC referral form and discussed the referral with the SOC provider.
- C) The caseworker shall prepare a referral packet and forward it to the SOC provider serving the LAN in which the child or youth is or will be placed.
- D) The referral packet must include the following:
- **CFS 968-54A, System of Care (SOC) Referral Form;**
  - **CFS 600-3, Release of Information\*;**
  - **SACWIS Family Service Plan;**
  - School information;
  - Social History/Integrated Assessment; and
  - Updated social/progress report.
  - Any additional information including psychological, psychiatric and/or counseling reports, IEP/MDC information, assessments and information about guardian ad litem (GAL) involvement shall be forwarded when available and if requested by the SOC provider.
- \* Note: The signed **CFS 600-3, Release of Information** authorizes the release of information to the SOC provider. The SOC provider may not re-release or share this information without obtaining the required consents and authorizing signatures. SOC providers must use a consent form that meets DCFS requirements. (See **CFS 600-3.**)
- E) The caseworker shall assure and document that the caregiver is informed of and supports the referral to the SOC provider.
- F) The caseworker shall provide additional reports and information, as requested by the SOC provider, to facilitate the completion of the Child and Adolescent Needs and Strengths (CANS) assessment, the development of the Individual Plan of Care (IPC) and the provision of ongoing services.
- 2) Crisis Referrals: The SOC provider shall maintain crisis response services 24 hours a day, 7 days a week for all SOC clients. The SOC provider is responsible

## PLACEMENT AND VISITATION SERVICES

November 6, 2008 – P.T. 2008.20

for providing CARES with contact information for SOC program staff who respond to crisis calls on a 24 hours a day, seven days a week basis.

- A) The caseworker or foster parent shall call CARES (800-345-9049) when crisis services are needed.
  - B) When a caregiver in an eligible setting calls CARES to request crisis response services, CARES will ask the caregiver if he/she has attempted to reach the caseworker. If the caregiver has not attempted to reach the caseworker, CARES staff will initiate a 3-way call with the child's assigned worker or the on-call worker. During the 3-way call, CARES staff will ascertain and document whether the caseworker shall respond to the crisis reported by the caregiver.
  - C) When CARES staff is unable to make contact with the child's worker or on-call staff within 60 minutes, the case will be referred immediately to the appropriate SOC provider for crisis services.
  - D) The SOC provider will deliver an immediate response for consultation and intervention by phone within 15 (expected) to 60 minutes (acceptable) of phone contact by CARES. Additionally, the SOC provider will be able to respond in-person within 4 hours if it is determined that the current crisis necessitates an on-site response.
  - E) When CARES receives a call for crisis services or for a referral to an SOC provider, CARES will gather the information to complete the **CFS 968-54A, System of Care (SOC) Referral Form**, verify the child or youth's eligibility for SOC services and fax the **CFS 968-54A** to the assigned caseworker and the appropriate SOC provider.
- 3) When the child has behavioral issues that threaten the placement stability and the child and/or caregiver will need services both in the short term and also over a longer period of time than typically associated with SOC, the caseworker shall make the referral to SOC and shall also make a referral for the needed services to alternate resources that will be able to provide the long-term support for the child and/or caregiver.

### g) **SOC Service Determinations**

- 1) The referral of a child or youth to an SOC provider will be accepted when the child or youth meets the criteria outlined in Section (e), Eligibility for System of Care Services. The referral is not complete until the SOC provider has received the complete **CFS 968-54A** referral form and discussed the child/youth's needs with the caseworker, in-person or by phone. The caseworker and SOC provider shall also discuss the presenting problems, the current caregiver's situation and whether the caregiver is aware of the SOC referral.

## **PLACEMENT AND VISITATION SERVICES**

**November 6, 2008 – P.T. 2008.20**

- 2) Within 2 working days of receiving the completed **CFS 968-54A**, the SOC provider shall notify the referring caseworker whether the SOC program will accept the referral. The SOC provider shall fax the completed SOC Referral Form to the worker indicating the disposition of the referral.
  - A) Non-acceptance by the SOC provider is allowable only when the child/youth referred does not meet program eligibility criteria. (For example, if a child/youth resides in a LAN that is outside the service area of the SOC provider or if a child/youth resides in an ineligible placement, such as specialized foster care or a group home.)
  - B) In such cases, the SOC provider will refer the case back to the caseworker, providing the reasons for the rejection in writing and recommendations for follow-up services if requested by the caseworker. If the child/youth resides in a LAN that is not served by the SOC provider, contact information for the appropriate SOC provider will be given to the caseworker.
  - C) If there is a disagreement between the SOC provider and the caseworker about a child or youth's eligibility for SOC services or the recommendations developed by the SOC provider, the DCFS Regional Clinical Coordinator or the Statewide SOC Project Coordinator will review all referral information and conduct phone and/or in-person discussions with the SOC provider and the assigned worker to review the child or youth's eligibility and the recommendations of the SOC provider.

### **h) System of Care Services: Responsibilities and Timelines**

- 1) SOC providers are responsible for serving children and youth who meet SOC eligibility criteria and whose placement is located in, or will be located in, a LAN for which the SOC provider is responsible.
  - A) The SOC provider shall organize, provide, and, if appropriate, fund an integrated system of intensive services, interventions, and supports to eligible children and youth and their caregivers.
  - B) SOC providers may provide the services, interventions and supports directly and/or through sub-contracts and/or memoranda of understanding with services providers, or by referring the child/youth and family to available resources.
- 2) Once the referral is accepted, the SOC provider has 30 calendar days to complete the following:
  - Assessment and treatment planning;

## PLACEMENT AND VISITATION SERVICES

November 6, 2008 – P.T. 2008.20

- Consultation with the caseworker or caseworker's supervisor at the time of referral;
  - Initial home visit within 5 days of completion of the SOC referral;
  - Child and Adolescent Needs and Strengths (CANS);
  - Child and Family Team meeting; and
  - Individual Plan of Care (IPC).
- 3) **Interim Care Plan:** The SOC provider shall provide services necessary to preserve the placement prior to completion of the assessment. The SOC provider shall record the services provided on an Interim Care Plan, and shall provide a copy of the Interim Care Plan to the child/youth's caregiver. At a minimum, the Interim Care Plan shall include the following information:
- a description of what to expect from SOC services;
  - the SOC provider's crisis contact information that allows the provider to be reached 24 hours a day, 7 days a week; and
  - if required, any services and interventions to be provided prior to the completion of the Individual Plan of Care (IPC) as well as a rationale for these services and interventions.
- The services and interventions documented in the Interim Care Plan shall be incorporated into the IPC.
- 4) **Initial Home Visit:** After the SOC provider has accepted a referral, the initial home visit will be conducted with the child or youth (if clinically appropriate), the caregiver, and the caseworker or caseworker's supervisor. The initial home visit shall be conducted within 5 days of completion of the SOC referral. If the caseworker has been consulted prior to this meeting or is unavailable for the meeting, the SOC provider should proceed with the meeting and immediately notify the DCFS Regional Clinical Coordinator.
- 5) **Child and Adolescent Needs Assessment (CANS):** The SOC provider shall assess the needs of the child and caregiver utilizing the Child and Adolescent Needs and Strengths (CANS) assessment tool.
- 6) **Child and Family Team Meeting:** Following the initial home visit and ongoing assessment of the child or youth's needs, the SOC provider shall convene a Child and Family Team meeting to develop the Individual Plan of Care for the child or youth.

## PLACEMENT AND VISITATION SERVICES

November 6, 2008 – P.T. 2008.20

- 7) **SOC Service Determination:** The SOC provider shall make a service determination based on the CANS assessment, and consultation with the caregiver, the caseworker, and the Child and Family Team members. The possible determinations are:
- A) **No Additional Services Required:** If it is determined that the child or youth does not require additional services, the SOC provider shall document in writing the recommendation (either through use of a letter, memo or initial IPC) that the child's needs can be met by the caseworker through services described in DCFS policy (Refer to Procedures 359) or services provided through the POS agency contract.
  - B) **Continue SOC Services:** If the child or youth requires services that exceed available resources, SOC provider staff shall provide direct care, coordination and/or facilitation of services to address the service needs identified in the Individual Plan of Care (IPC).
  - C) **More Intensive Services Needed:** When a child or youth needs more intensive services than can be provided in the current environment, even with the addition of SOC services, the SOC provider shall submit written service recommendations to the assigned worker identifying the services needed. If the caseworker agrees with the recommendations, the worker shall request a Child and Youth Investment Team (CAYIT) staffing to determine the setting needed to meet the service needs. If there is any dispute regarding the SOC provider's recommendations, the DCFS Regional Clinical Coordinator or SOC Statewide Project Coordinator shall be contacted for resolution.
- 8) **Individual Plan of Care (IPC):**
- A) **Development:** Following the initial home visit and completion of the Child and Adolescent Needs and Strengths assessment, SOC staff and the caseworker shall work collaboratively to facilitate, develop and monitor the Individual Plan of Care (IPC) for each child or youth accepted into the SOC program. Upon its completion, all Child and Family Team members shall receive a copy of the IPC. The IPC is intended as a supplement to, but not a replacement for, the **SACWIS Service Plan**. The assigned caseworker is responsible for completing the **SACWIS Service Plan**.
  - B) **IPC Contents:** The Individual Plan of Care shall include the array of therapeutic, crisis intervention and facilitation/linkage services required to address the child or youth's clinical, treatment and service needs. Services shall be provided primarily at non-office based locations that are most convenient for the child/youth and/or caregiver.

## PLACEMENT AND VISITATION SERVICES

November 6, 2008 – P.T. 2008.20

Required Elements: The following elements must be included in the Individual Plan of Care:

- Social History Addendum/Integrated Assessment to add or clarify information not contained in the referral documents;
  - IPC Assessment based on the CANS decision-support instrument;
  - strengths narrative that addresses all strengths from the Child Strengths section of the CANS, regardless of scoring;
  - clinical formulation (drawn from the CANS and other assessment material) to provide a narrative that integrates and explains a client's needs and strengths. The narrative must also include a description of how the child/youth's strengths will be incorporated into treatment;
  - the type, projected frequency and expected duration of service/intervention to be provided, and by whom; and
  - signatures to document the individuals who participated in the development of the IPC.
- C) **IPC Approval:** The Individual Plan of Care shall be reviewed and approved, minimally, by staff with a Master's degree in Social Work or other human service degree.
- D) **Ongoing Service Needs Assessment:** The SOC provider shall complete a CANS assessment for each child or youth admitted to the SOC program, beginning at the initial home visit, and at 6 month intervals or more frequently as needed. The findings of this assessment are the basis of the Individual Plan of Care.
- E) **Review and Revision of the Individual Plan of Care:** The Individual Plan of Care shall be reviewed every 90 days or more frequently as needed to respond to a change in the child/youth's service needs. At a minimum, IPC reviews shall include:
- the date of the review;
  - a narrative discussion of the utilization of strengths in treatment and how the strengths will continue to be incorporated;
  - an overall review summary of the child/youth's progress; and

## PLACEMENT AND VISITATION SERVICES

November 6, 2008 – P.T. 2008.20

- signatures of the Child and Family Team members participating in the review.

Additionally, a new CANS is conducted at 6 month intervals in conjunction with the IPC review. At the 6 month IPC reviews, the following elements must be addressed and documented:

- date of the review;
- a narrative discussion of the utilization of strengths in treatment;
- an assessment based on the CANS instrument;
- prior and current CANS items and ratings;
- an updated Clinical Formulation that integrates and explains the child/youth's needs and strengths. The narrative shall include a description of how strengths will be incorporated into treatment;
- a review of services and interventions;
- service disposition at time of the review, including recommendations to continue, discontinue, or alter the CANS rating or approach to services;
- disposition narrative; and
- signatures of Child and Family Team members participating in the 6 month review.

- 9) **Coordination with Caregivers and Significant Family Members:** The SOC provider shall engage and encourage active involvement by the caregiver and other significant family members in any services provided through the System of Care program.
- 10) **Monthly Contact:** The SOC provider shall have at least 2 face-to-face contacts with each child or youth and his/her caregiver per month. Generally, SOC staff will have more frequent contact.
- 11) **Case Consultation:** The SOC provider shall provide case-specific consultation to caseworkers for children and youth placed in relative care or traditional foster care in the SOC provider's assigned LAN(s) and shall assist the caseworker with identifying additional services or interventions that will promote the stability of the placement (within the limits of the POS provider's contract and Department policy).



## PLACEMENT AND VISITATION SERVICES

November 6, 2008 – P.T. 2008.20

- 12) **Case Staffing:** The SOC provider shall schedule and facilitate regular case staffings as needed to plan, monitor, revise and address any of the child or youth's service needs. The Individual Plan of Care shall be updated as needed to reflect the child or youth's progress or changing service needs. The IPC review elements will be contained in any review and/or update of the IPC.
- 13) **Intensive Ancillary Support:** The SOC provider shall deliver, as indicated in the IPC, intensive, supportive assistance to the child/youth, caregiver and other significant family members to meet placement stabilization goals.
- 14) **Training and Support:** The SOC provider shall deliver, as indicated in the IPC, training and support to the caregiver and/or assist the child or youth in the development of social skills.
- 15) **Court Hearings and Administrative Case Reviews:** The SOC provider shall provide written reports and shall participate in court hearings and/or Administrative Case Reviews for a child or youth who is receiving services directly from the SOC provider, if necessary, and when requested by the assigned caseworker.
- 16) **6-Month CANS Completion:** Although the child or youth's CANS score(s) may have been updated during previous review and revision of the Individual Plan of Care, a full CANS must be completed for any child or youth receiving SOC services every 6 months. The IPC shall be revised to reflect the child or youth's current level of needs and strengths and current service needs.
- 17) **SOC Provider Administrative Agent Responsibilities:** The SOC provider shall ensure the availability of services and interventions to meet the child's or youth's needs and/or pay for these services and/or interventions, maintaining records for all services and interventions purchased as part of the IPC.
- 18) **Request for Information:** The SOC provider shall respond to requests from DCFS and POS staff, including the worker or supervisor, and/or court personnel regarding the level of services needed to safely maintain and effectively treat the child/youth.
- 19) **Crisis Intervention:** The SOC provider is responsible for providing crisis intervention services 24 hours a day, 7 days per week for eligible children and youth placed in a LAN for which the SOC provider is responsible.
- 20) **Immediate Reporting Requirements:** SOC staff shall immediately notify the child's or youth's worker of any significant events, changes in family circumstances, or unusual incidents involving the child or youth or family members.

## **PLACEMENT AND VISITATION SERVICES**

**November 6, 2008 – P.T. 2008.20**

- 21) **Foster Home Referrals:** If the SOC provider receives repeated referrals of children/youth in the same foster home, the SOC provider shall notify the DCFS Regional Clinical Coordinator who is responsible for addressing concerns related to such referrals.

### **i) Caseworker Responsibilities for Children/Youth Receiving SOC Services**

- 1) The DCFS or POS caseworker retains primary case management responsibility for serving the child or youth and his/her family, including but not limited to developing the Comprehensive Family Services Plan, making all required contacts, submitting court reports and attending court hearings, attending Administrative Case Reviews, arranging parent-child or sibling visits, etc.
- 2) The caseworker shall notify the SOC provider of any significant events, changes in family circumstances, or unusual incidents involving the child or youth or family members that may impact his/her functioning or needed services.

### **j) Case Transfer**

If a child or youth moves to a LAN served by a different SOC provider, the SOC agency serving the child at the time of the transfer may decide, in consultation with the caseworker to:

- Continue to provide services to the child or youth in the new location;
- Continue to provide services until the child or youth is stabilized in the new home and then transfer or close the case; or
- Transfer the case to the (new) SOC provider serving the LAN in which the child or youth will be placed.

The SOC provider shall involve the caseworker, caregiver and the receiving SOC provider in transfer planning. In all cases, the decision to transfer the case should include consideration of length of SOC involvement and the child or youth's therapeutic relationship with current providers. Issues involving hand-off that cannot be resolved shall be referred to the DCFS Regional Clinical Coordinator.

If a child or youth is changing placements and SOC services are needed in the new placement, the caseworker is responsible for submitting a new referral form to the SOC provider serving the LAN in which the child or youth will be residing.

### **k) Termination of SOC Services**

A sensitive and clinically appropriate approach to terminating SOC services with the child or youth and caregiver shall be planned and executed. In all situations, the SOC provider shall involve the caseworker for the child or youth and the caregiver in

## PLACEMENT AND VISITATION SERVICES

November 6, 2008 – P.T. 2008.20

termination planning. If a child/youth moves to an Institution/Group Home or Specialized Foster Care placement, returns home, is adopted or moves to subsidized guardianship, SOC services shall terminate. At the time of the discharge staffing, a copy of the final IPC shall be sent to the assigned caseworker for inclusion in the case file. A discharge summary is due within 30 days of the termination of SOC services.

- 1) **Termination When Treatment Goals are Met:** Services may be terminated as the result of a termination staffing involving the SOC provider and the Child and Family Team. Either the caseworker or the SOC provider may request a termination staffing. The staffing shall be convened no later than 10 working days after a verbal request. A CANS shall be completed at the time of a child or youth's discharge from the program.
- 2) **Termination When Treatment Goals are Unmet:** Services may be terminated when the child or youth moves from the current SOC provider's LAN service area or moves into a placement setting that is ineligible for services under the SOC program.
- 3) **Aftercare Services:** The SOC Individual Plan of Care will provide for the transition of services to assist the child or youth any time permanency is achieved (i.e., adoption, subsidized guardianship or return home) or if SOC services are terminated.

**PLACEMENT AND VISITATION SERVICES**  
**November 6, 2008 – P.T. 2008.20**

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## **PLACEMENT AND VISITATION SERVICES**

**November 6, 2008 – P.T. 2008.20**

### **FREQUENTLY ASKED QUESTIONS**

- 1. Where do I go to access SOC services? What if I don't know the LAN in which the child or youth is placed?**

A caseworker or foster parents may make a referral for SOC services by calling the Crisis and Referral Entry Service (CARES) (800-345-9049). CARES staff will contact the SOC provider that serves the LAN in which the child/youth is placed. Referrals may also be submitted directly to the SOC provider agency that serves the LAN in which the child/youth is placed.

- 2. When do I go to SOC?**

SOC services should be considered for children or youth who are at risk of placement disruption and require additional services to meet their individual safety, permanency and well-being needs. SOC is available for both crisis intervention and short- to mid-term support to the foster care program.

SOC services are not generally available for children in specialized foster care, intact families, or post-adoptive or subsidized guardianship homes.

- 3. What types of services can be requested from SOC?**

SOC is intended to support DCFS and POS caseworkers to meet the needs of children and stabilize placements. A referral should be made when a child or youth's needs exceed those provided by the foster care program. Referrals should not be for specific service requests, but instead should be a request for additional support. The additional supports will be identified by the Child and Family Team and will result in an Individual Plan of Care (IPC).

SOC support is not intended to be a replacement or substitution for services provided through DCFS or the POS agency. POS agencies are expected to provide all services and supports described in their contract. An SOC provider should be contacted when the need for placement stability exceeds the level of support available through the POS agency's contract and/or the services described in Procedures 359.

- 4. Who can access SOC services?**

A DCFS or POS caseworker may make referrals for SOC services to meet the needs of children or youth on his/her caseload. Foster parents/relative caregivers may contact the Crisis and Referral Entry Service (CARES) at 800-345-9049 for crisis intervention services.

## **PLACEMENT AND VISITATION SERVICES**

**November 6, 2008 – P.T. 2008.20**

### **5. Can SASS services still be accessed/provided?**

Yes. SASS services continue to be available to caseworkers and foster parents/relative caregivers regardless of the current living arrangement. SASS services may be requested by contacting the **Crisis and Referral Entry Service (CARES) at 800-345-9049**.

### **6. For how long can SOC services be accessed?**

The length of SOC interventions is determined on the needs of the individual child and his/her placement. However, SOC services are anticipated to last, on average, six months. Services may be continued if deemed appropriate by the Child and Family Team, and a revised Individual Plan of Care (IPC) will be developed to reflect that decision. A revised IPC must be completed for each six-month service period.

### **7. Can an SOC provider pay for counseling services?**

The SOC provider, in conjunction with the Child and Family Team, will develop an Individual Plan of Care for each child. The IPC may include a plan for counseling to address specific needs. Who provides the counseling and who pays for it will be discussed and determined during the IPC process. DCFS and POS agencies are expected to utilize counseling services within their contracts to support the identified needs and may discuss additional supports with the SOC provider when necessary to meet a child or youth's specific needs.

### **8. Who is responsible to provide case management if SOC is utilized?**

The assigned caseworker remains responsible for all case management services. Case management responsibilities are not transferred to the SOC provider when a child or youth receives SOC services.

## PLACEMENT AND VISITATION SERVICES

October 15, 2001 – P.T. 2001.25

### Section 301.70 Sibling Placement

This section is to be read in conjunction with [Appendix C](#) of these procedures.

#### a) Reasons for Placing Siblings Apart

**Rule Section 301.70 (a)** lists the *only acceptable reasons* for placing siblings apart. The child's worker shall document in the case record the reason why the child was not placed with his or her siblings.

#### b) Best Interests of the Child to be Placed Apart from Siblings

If a child has been placed in a short-term diagnostic placement and the results of the diagnosis determines that it is in the child's best interest to be placed with his or her sibling(s), the worker shall attempt to place the child with other siblings who are in a foster care or relative home placement. In an attempt to avoid re-placing children, the placing worker should make reasonable efforts at the outset to find a placement that will accept all the siblings in the event the short-term diagnostic placement determines that the child can be placed with the other sibling(s).

If the diagnostic placement determines that it is in the child's best interest to be placed apart from his or her siblings:

- 1) Document on the **CFS 492** the special medical, educational, behavioral, or emotional needs which require the child to be placed apart from his or her siblings.
- 2) The risk of physical, mental, or emotional harm a child may experience from being placed with siblings shall be documented on the **CFS 1440**, if it is known at the time of the initial risk assessment and at subsequent assessments.
- 3) For examples of when it would be in the child's best interests to remain in a foster home rather than move to a joint placement with siblings see [Appendix C, Section I.C.\(4\)](#).
- 4) For examples of when it is necessary to place a child apart from siblings in order to achieve permanency for the child see [Appendix C, Section I.C.\(5\)](#).

## PLACEMENT AND VISITATION SERVICES

October 15, 2001 – P.T. 2001.25

### c) Diligent Search Upon Initial Placement

If it is not possible to place the child in the same foster home or relative home as his or her siblings, a diligent search as defined in Rule Section 301.70 (c) shall be made to locate a placement where all the siblings can be together.

The diligent search to locate a joint placement where siblings can be together shall be documented in the case record. This search includes asking relatives and foster parents in the region whether they could accommodate the sibling group. The worker, with the assistance of regional resource development staff, shall explore what resources and support services could be utilized to enable a relative or foster home to accept the sibling group. Examples of ways the Department could enable sibling placement include, but are not limited to:

- o purchase of furniture and equipment needed to enable a foster parent to accommodate a sibling group. When such purchases are needed, the worker may request an exceptional payment per **Procedures 359, Appendix C - Exceptional Payments**;
- o provide day care for foster parents and relative caregivers who work or are in employment related training (see **Procedures 359.5 (g) (10), Day Care for Foster Parents**;
- o provide infant care equipment in accordance with **Procedures 359.7 (d), Foster Home Infant Equipment**;
- o provide respite care and other support service when needed per **Procedures 359.4 (e), Related Services**;
- o apprise relatives and foster parents of any of the other services available through the Department. See **Rule/Procedure 359, Authorized Child Care Payments**.

As part of the diligent search, workers responsible for placing children shall access contracts in their regions established for the purpose of sibling placements. In addition, workers shall access Find Home or PLANET (where available) in an effort to find a joint placement for sibling groups in accordance with the established procedures for those systems and in accordance with applicable licensing standards.



## **PLACEMENT AND VISITATION SERVICES**

**September 19, 2001 – P.T. 2001.23**

### **d) Continued Diligent Search Efforts**

The diligent search procedures as described above shall also be used within 30 days to reunite siblings into one placement when they have initially been placed apart at the time the Department assumed custody, provided placing children together is in the best interests of each of the siblings. A diligent search shall also be conducted when the Department changes the placement of any member of a sibling group who are already in the same placement.

Efforts to place siblings together shall apply even when children come into the Department's care (often referred to as "add-on" cases) after their siblings have already been adopted or placed in private guardianship. If the permanency goal for the children still in Department care becomes other than return home, the adoptive parents or guardians of their siblings shall be approached and asked if they are interested in adopting or assuming guardianship of the sibling(s) of their children. If they refuse or are unable to do so, they shall be asked if they would allow visitation and contact between the children. (See **Procedures 310.220, Sibling Visitation.**)

**Appendix G, Protocols for Case Reviews, of Procedures 305, Client Service Planning,** includes the review of efforts made to place siblings together and the reasons why they were placed or remain apart. Unless siblings are placed apart due to one of the reasons listed in **Rule Section 301.70(a)**, one of the service tasks for the next six month period shall be to conduct a diligent search for a joint placement for the siblings.

### **e) Emergency Removal**

Emergencies which require removal of a child from a sibling group placement shall be documented on a **CFS 492** in the case record.

### **f) Placement of Some, but not All Siblings Together**

When it is not possible to place all of the siblings together, but some members may be placed together, workers shall take into consideration the ages of the children, bonding and attachment between individual siblings, common interests and activities, dependence of one or more of the siblings on another, the preferences of the siblings themselves, and any history of inter-sibling abuse.

### **g) Placement of Siblings within Reasonable Proximity**

When siblings must be placed apart, placing them in reasonable proximity to one another takes into account the siblings' need to more easily visit and communicate with one another as required by **Subpart B of Rules/Procedures**

## **PLACEMENT AND VISITATION SERVICES**

**September 19, 2001 – P.T. 2001.23**

**301, Visitation Services.** While the rule prescribes the minimum visitation and contact requirement, reasonable proximity would take into account such things as same school, church, neighborhood, recreational and community activities, such as Scouting, Boys Clubs, sporting organizations, etc. which would enable the siblings to associate with one another on a more frequent basis.

Just as workers must help children deal with the effects of separation and loss when they are removing them from their families, so likewise when placing siblings apart from one another, workers should attempt to help the children deal with the feelings of separation and loss they may be experiencing on being separated from one another (See Appendix C. Section I.D.).

See procedures **P301.220, Sibling Visitation** and **P301.230, Contact Among Siblings Placed Apart.**

### **h) Documentation Required**

The child's worker shall explain on the **CFS 497, Part III** why the siblings were placed apart and document in the case record what efforts were made to place them together (**Refer to Subsection (c) Diligent Search** above for the kinds of efforts to be made to find a joint placement for the siblings).

### **i) Notice of Decision Required**

When the Department separates siblings who are in the same placement, notification to each child (if seven years of age or older) and the children's attorney and guardian ad litem shall be on form **CFS 151, Notice of Decision**, in compliance with procedures **305.30 (e), Critical Decisions**, and **P337.90, Notice of Department or Provider Agency Decisions**.

## **PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 - P.T. 2009.07**

### **Section 301.120      Sharing Appropriate Information with the Caregiver**

#### **a)      Children Coming Into the Custody of DCFS**

Upon taking a child into DCFS custody, the investigation specialist is responsible for asking the parents/available caregivers and the child if the child has any medical/behavioral health issues or medical conditions. As part of this process, the investigator shall:

- ask if the child currently has any known allergies, asthma or respiratory problems or has ever had these conditions in the past;
- if any of these conditions exist, the investigator will request the name of the child's physician and an explanation of the current treatment regime;
- the investigation specialist will also request the child's current prescription and over-the-counter medications, emergency/rescue medication (e.g., epinephrine), written health care plan, if any (e.g., Asthma Action Plan, Emergency Action Plan, etc.), and durable medical equipment (e.g., equipment for a child with asthma may include items such as an inhaler, spacer, nebulizer, humidifier, peak flow meter or oxygen);
- ensure that the child receives an initial health screening before placement and that the examining physician receives all behavioral and medical health information known up to that time. If prescriptions are needed for any of the child's current medications, the investigation specialist shall ensure that these are obtained at the Initial Health Screening; and
- ensure that the placement worker receives a copy of the Initial Health Screening (IHS) at case handoff. The placement worker shall record the IHS information as well as the child's current medications in the SACWIS Person Management Health Summary.

If the parent is not available or refuses to provide information about the child's health issues or medical conditions at the time of protective custody, the investigation specialist and placement worker shall pursue this information in later interviews. The investigation specialist and/or placement worker shall ensure that behavioral and medical health information obtained at a later time is shared with the caregiver. The investigation specialist and/or placement worker shall document all information about the child's health issues and medical conditions in the child's case file and in SACWIS. The investigation specialist shall discuss information obtained about the child's health issues or medical conditions with the placement worker at case handoff.

## PLACEMENT AND VISITATION SERVICES

April 6, 2009 - P.T. 2009.07

### Placement of Children Diagnosed with Asthma and/or Allergies

When a child is known to have asthma and/or allergies, the investigation specialist or placement worker shall take these medical conditions into consideration when making a placement decision.

- 1) When selecting placement for a child with asthma and/or allergies, the caseworker shall rely on the environmental and treatment recommendations of the child's physician for eliminating known allergens, pollutants, or irritants (such as smoke, animals, or others) from the child's environment that the child may react to and that may compromise the child's life and well-being. These recommendations shall be documented in the SACWIS health information section and the child's case record and followed with the urgency indicated by the child's physician.

**Asthma and allergies can be life-threatening conditions. The child shall not be placed with, or be allowed to remain in a placement with, a caregiver who is unable or unwilling to adhere to the physician's environmental or treatment recommendations.**

- 2) If available at the time of placement, the investigation specialist shall provide the substitute caregiver with the child's prescribed medication and equipment, and existing written health care plans (e.g., Asthma Action Plan) obtained from the parent(s)/caregiver(s) or at the IHS. The investigation specialist shall also:
  - review the content of the written health care plan with the caregiver;
  - reinforce, in the event of an emergency, the need to take the child to the emergency room;
  - give the caregiver the list of potential triggers or allergens and stimuli for the child;
  - reinforce the importance of keeping the written health care plan in a conspicuous, easily accessible place; and
  - instruct the caregiver to give copies of the written health care plan to any persons providing care for the child (e.g., babysitter, school, day care) and ensure that emergency/rescue medications are available for the child in all settings.
- 3) Prior to leaving the child's placement, the investigation specialist shall ensure that the caregiver has the child's temporary medical card and remind the caregiver to contact the HealthWorks Lead Agency the next business day to enroll the child with a primary care physician and schedule the Comprehensive Health Evaluation as early as possible within the next 21 days.

## **PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 - P.T. 2009.07**

- 4) The investigation specialist shall ensure that the placement worker receives a copy the written health care plan at case handoff. The placement worker shall enter the asthma and/or allergy diagnosis, medications and related information (e.g., triggers) in the SACWIS Person Management Health Summary, and shall place the written health care plan in the child's record.

### **b) Information Shared with Substitute Caregivers**

- 1) Investigation specialists, child welfare workers and their supervisors are responsible for the following:
  - A) At the time the caseworker places a child with a prospective adoptive parent, foster parent or other caregiver, including placement in a group home, child care institution or relative home or prior to placement of the child, whenever possible, the worker shall provide available information in writing about the child necessary for the proper care of the child to the prospective adoptive parent, foster parent or other caregiver. The worker shall ensure that behavioral and medical health information obtained at a later time is shared with the caregiver.
  - B) The information to be provided to the caregiver shall include:
    - i) the medical history of the child including known behavioral and medical problems or communicable diseases, information concerning the immunization status of the child, and insurance and medical card information;
    - ii) the educational history of the child, including any special educational needs and details of the child's individualized educational plan when the child is receiving special education services;
    - iii) a copy of the child's portion of the SACWIS Service Plan including any visitation arrangements and all amendments or revisions; case history of the child, including how the child came into care; the child's legal status; the permanency goal for the child; a history of the child's previous placements; and reasons for placement changes, excluding information that identifies or reveals the location of any previous foster or relative home caregiver; and
    - iv) other relevant background information of the child, including any prior criminal history; information about any behavior problems including fire setting, perpetuation of sexual abuse, destructive behavior and substance abuse habits; and likes and dislikes, etc.

## PLACEMENT AND VISITATION SERVICES

April 6, 2009 - P.T. 2009.07

- C) In the case of an emergency placement, when all of the above-referenced information may not be available, the investigation specialist or worker shall provide known information verbally as it becomes available and subsequently provide this information in writing.
- D) In advance of a placement, the caseworker may provide the adoptive parent or other caregiver with a summary of the information listed in subsection (B).
- E) Supervisory review and approval is required prior to providing any information to the prospective adoptive parent, foster parents, or other caregivers.
- F) Within 10 working days of the placement, the worker shall obtain from the prospective adoptive parent, foster parents or other caregiver signed verification of receipt of the information described in subsection (B)(i-iv) on the **CFS 600-4, Sharing Information with the Caregiver**.
- G) The worker shall forward a copy of the information to the child's guardian ad litem.

### 2) Medication Issues

The investigation specialist or caseworker shall ensure that the caregiver receives:

- all current medications for that child in the original containers;
- all durable medical equipment and supplies for the child, and instructions for their use;
- instruction on when and how to administer any prescribed emergency/rescue medications (e.g., albuterol, epinephrine, etc.) and the need to carry these medications at all times;
- the child's medical card and health passport;
- information (e.g., pharmacy handout) about each medication;
- written health care plan, if any (e.g., Asthma Action Plan, Emergency Action Plan, etc.);
- a supply of medication log forms (CFS 534);
- copies of written consents for psychotropic medications; and

## **PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 - P.T. 2009.07**

- the names and phone numbers of the primary care physician and specialists as contacts in event there is a problem with medication.

The investigation specialist or caseworker shall ask the foster parent/relative caregiver if he/she believes he/she is capable of administering the child's medications, understands why the child is being given those medications, and understands potential adverse reactions. When necessary, the worker shall make arrangements for training by a physician, a nurse or a trained professional (e.g., medical equipment). For administration of medication by injection, gastric tube, nasal gastric tube, intravenously, by central line or other extraordinary circumstances, the worker shall require written proof that the foster parent/relative caregiver has obtained training to care for the child and is approved to do so by the child's physician. The worker may contact the Regional Nurse regarding a child's medications and when necessary shall make a referral to the Regional Nurse for follow-up services.

### **3) Caregiver's Access to Information in Children's Case Records**

- A) Prospective adoptive parents, foster parents and caregivers in other licensed child care facilities may review documents and reports in the child's case record that support the information the worker provided at the time of the child's placement or information that has been received or generated regarding the child since placement.
- B) The information that will be available to caregivers for review will be limited to that which relates directly to a child in that person's care, specifically: education records; behavioral/medical health and insurance records; history of placements and reasons for changes (excluding identifying information about former caregivers); and the child's portion of the Integrated Assessment and SACWIS Service Plan including visitation arrangements and all amendments and revisions relating to the child; and any known social or behavioral information including but not limited to criminal background of the child, fire setting, perpetration of sexual abuse, destructive behavior and substance abuse. Personal information about the child's parents, siblings, relatives, previous caregivers or other individuals shall be removed or redacted from the case record prior to the caregiver's review.
- C) The caregiver's review of the case record shall occur in the presence of casework staff. Once a caregiver has requested a review of a child's file, the agency shall provide the opportunity to do so timely, without undue delay.

## **PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 - P.T. 2009.07**

- D) The supervisor shall examine the redacted record for accuracy and approve its review by the prospective adoptive parents, foster parents or caregivers in other licensed facilities prior to the time the records are examined by the caregiver.

### **4) Change of Placement**

The caseworker shall ensure that all current medications in their original containers, durable medical equipment and supplies, written health care plans, health passport and medical card accompany the child to the new placement. In planned moves, the caseworker shall ask the current foster parent to ensure that there is at least one week's worth of each medication at the time of the move.

The caseworker shall obtain from the current caregiver a complete list of past and current medications taken by the child during that placement, a list of any side effects or medication allergies the child experienced while taking any of those medications, and for discontinued medications, the reason each medication was discontinued. The caseworker shall place the list in the case record, and shall provide a copy of the list to the new caregiver.

The caseworker shall also obtain information about the child's current medications (e.g. pharmacy handouts) for the new caregiver.

The caseworker shall give the new caregiver the names and phone numbers of the child's primary care physician and specialists as contacts in event there is a problem with medications.

### **c) Information Shared with Interim Caregivers**

#### **1) Hospitalization, Detention, Residential Substance Abuse Programs, etc.**

When a child is temporarily hospitalized, or placed in a detention center, or residential substance program or other temporary residential program, the caseworker shall ask the doctor or supervisory nursing/treatment staff whether the hospital, detention center or program will accept prescription medication provided by the foster parent/relative caregiver or will provide medication.

If medication is accepted, the caseworker shall give the hospital, detention center or program a sufficient amount of medications for that child in the original containers, or a signed prescription for each medication, the dosages and daily administration schedule. The caseworker shall document in the case record which medications were provided and the staff person at the facility to whom these medications were given. The hospital, detention center or program shall be asked to return any unused medications when the child is discharged and provide a copy of the medication log.



## **PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 - P.T. 2009.07**

If medication is not accepted, the caseworker shall provide a list of the child's prescription and over-the-counter medications, information about each prescription medication (including reason given and possible side effects), and the name and phone number of the child's primary care physician and specialists. If the child is taking one or more psychotropic medications, the worker shall immediately fax copies of all approved consents for those medications to the hospital, detention center or program.

The caseworker shall notify the Division of Guardian and Advocacy when a hospital, detention center or program does not administer all prescribed medications. The Division of Guardian and Advocacy shall facilitate a discussion between the prescribing physician and the facility's physician to discuss the medical basis for giving or withholding those medications.

The caseworker shall participate in any staffings conducted by the hospital, detention center or program. The caseworker shall be able to discuss information about the medications the child was taking prior to admission or provide contact information for the child's primary care physician or specialists. The caseworker shall obtain the name and contact information of the hospital, detention center or program physician responsible for medications prescribed at discharge.

Upon discharge, the caseworker, foster parent/relative caregiver or person returning the child to the foster home shall review written discharge instructions with appropriate hospital or other personnel including information about the medications currently administered to the child.

The caseworker or foster parent/relative caregiver shall contact the primary care physician or specialist to discuss the written discharge instructions and ask whether there are any contraindications for the child taking his/her prescribed medications.

Prior to discharge, the caseworker shall ensure that the child's next placement has all current prescribed medication for that child in the original containers.

### **2) Home Visits, Sibling Visits, Pre-Placement Visits, Respite Care and Activities Away From the Current Placement**

The caseworker shall ask the parent (or responsible adult) if he/she believes he/she is capable of administering the child's medication, understands why the child is being given those medications, and understands potential adverse reactions. When necessary, the caseworker may make arrangements for training by a physician, a nurse, or other trained professional (e.g., medical equipment) or may require written proof that the parent or adult has obtained such training.

## **PLACEMENT AND VISITATION SERVICES**

**April 6, 2009 - P.T. 2009.07**

The caseworker shall also provide to the parent:

- a medication log on which to record the medication given;
- the name and phone number of the child's primary care physician and specialists as a contact in event there is a problem with medications; and
- a copy of the child's medical card.

The caseworker shall require the parent to return the completed medication log and any unused medication.

When the child is participating in an activity that temporarily takes him/her away from the current caregiver and needs to have medication administered, the caseworker may make arrangements, when necessary, for a supervising adult to receive training to administer that medication or may require written proof that the adult has obtained such training.

## **PLACEMENT AND VISITATION SERVICES**

**February 20, 2009 – PT 2009.03**

### **Section 301.150 Identification Procedures for Children in Placement**

It is essential that the assigned caseworker have accurate, current identifying information on children for whom the Department is legally responsible. This information will be used in the event of a child's absence from placement due to abduction or runaway (see Procedures 329, Locating and Returning Missing Runaway and Abducted Children) and/or there is otherwise a need to identify a child (e.g. a child is in an accident).

There are three (3) components to required child identification information:

- The **CFS 680, Child Identification Form**;
- A photograph of a child that is current within 1 year; and
- Fingerprints for all children.

**Note: Photographs and fingerprints of children taken pursuant to these procedures shall be used SOLELY for the purpose of child identification.**

#### **a) Child Identification Form**

- 1) Within 30 days of the Department becoming legally responsible for a child, regardless of the child's placement, the child's worker shall complete the applicable sections of the **CFS 680**.
- 2) On or near a child's birthday, **the CFS 680**, is to be reviewed and updated as necessary;
- 3) A copy of the **CFS 680**, shall be filed in the child's section of the case record;
- 4) The caseworker shall also give a copy of the **CFS 680**, to the child's caregiver.

#### **b) Child Photographs**

##### **1) Taking and Labeling Photographs**

All photographs required by these procedures shall be a frontal view of the child's face, neck and shoulders only.

Each copy of a photograph taken by the child protective service worker or caseworker is to be labeled on the back of the photograph with the child's name, birth date, Department case identification number, and the date (MM/DD/YY) on which the photograph was taken.

## **PLACEMENT AND VISITATION SERVICES**

**February 20, 2009 – PT 2009.03**

### **2) Initial Photographs**

#### **A) Children Taken into Protective Custody**

For children for whom the Department becomes legally responsible as the result of protective custody, the child protective service worker shall take two (2) photographs of the child as the initial identification photographs. The photographs shall be taken after the child has been removed from the home and is in a setting that the investigator believes is most comfortable for the child. The photographs shall be taken **BEFORE** the temporary custody hearing. One copy of the photograph shall be filed in the investigation file and one copy is to be given to the permanency caseworker assigned to the child and is to be attached to the **CFS 680** (upper right hand corner of page 1).

#### **B) Children Screened into Court**

For children for whom the Department becomes legally responsible as the result of a court hearing but of whom protective custody was not taken, the caseworker screening the child into court shall take two (2) initial photographs of the child.

If the caseworker screening the child into court is different than the permanency caseworker that will be assigned the case, the caseworker screening the child into court will retain one copy of the photograph and will give one copy of the photograph to the assigned permanency worker for filing in the child's section of the case record by attaching the photograph to the **CFS 680** (upper right hand corner of page 1).

If the worker who screened the child into court will retain assignment of the case, both copies of photograph shall be filed in the child's section of the case record, with one copy being attached to the **CFS 680** (upper right hand corner of page 1).

#### **C) Children Placed in a Cook County Shelter Program**

One (1) digital photograph will be taken of each child admitted to one of the Cook County shelter programs. Shelter staff will keep one print of the photograph of each child on file and will give one print to the caseworker assigned to the child for filing in the child's section of the case record. The photo is to be attached to the **CFS 680**, (upper right hand corner of page 1). Shelter staff will also email the digital image to the Child Location and Support Unit to be placed in the Child Location & Support Unit database.

## **PLACEMENT AND VISITATION SERVICES**

**February 20, 2009 – PT 2009.03**

### **D) Children Placed Out-of-State**

Fingerprints and photographs as required by these procedures of children in out-of-state placements will be arranged by the Office of the Interstate Compact on the Placement of Children.

### **c) Child Photograph and Fingerprints by Department Vendor**

#### **1) Photographs and Fingerprints by Vendors**

In addition to the photographs initially taken of children entering the system, the assigned caseworker shall make sure that the child is scheduled to be photographed and fingerprinted by the Department's vendor within 30 days of the Department becoming legally responsible for the child. Schedules for ward fingerprints and photographs are announced monthly on the DCFS D-net.

Some children may have a deformity of their hands that makes fingerprinting impossible. If the fingerprint vendor makes such a determination, the caseworker shall document the fingerprint vendor's determination that a child cannot be successfully fingerprinted by a case note. The caseworker shall also explain to the child/youth in a developmentally appropriate manner why they are being fingerprinted and photographed.

The Department Vendor will maintain on file a copy of the child's photograph and fingerprints and will send two (2) printed copies of the photograph and fingerprints and one digital copy of photograph to the Child Location and Support Unit. The Child Location and Support Unit will put a copy of the digital image in the Child Location and Support Unit database and mail the two (2) printed copies of photograph and fingerprints to the child's caseworker for attachment to the **CFS 680**. If additional copies of the fingerprints become necessary, they may be requested by the assigned caseworker from the fingerprint vendor.

#### **2) Annual Updating of Photographs and Fingerprints by Department Vendor**

All children must be photographed and fingerprinted once every 12 months by the Department vendor. Within one year of the child's previous photograph and fingerprinting by the Department's vendor, the child's caseworker must arrange to have the child's photograph and fingerprints updated by the appropriate Department vendor.

**PLACEMENT AND VISITATION SERVICES**  
**February 20, 2009 – PT 2009.03**

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## **PLACEMENT AND VISITATION SERVICES**

**March 21,2001 – P.T. 2001.08**

### **SUBPART B: VISITATION SERVICES**

#### **Section 301.210      Family-Child Visiting**

This Section of the procedures, as well as Appendixes A, B, and C, covers planning for both parent-child and sibling visitation. In most cases, when the permanency goal is "return home," visitation will occur between the child and family, which includes the child's parents and siblings, at the same time. In those instances when sibling visitation cannot occur at the same time as parental visitation, consult **Procedures 301.230** and **301.Appendixes A, B, and C**. However, the child's caseworker whenever possible shall schedule visits on days and during hours that will not cause a child(ren) or youth to miss school, pre-school, early intervention programs or other school activities in which the child(ren) may be participating.

##### **a)      Family Visiting**

Family-child visiting is the Department's most valuable means of maintaining family relationships while a child is in substitute care and of promoting important family connections that can promote reunification when the child's permanency goal is Return Home. It allows clinical observation of the interaction among family members so that a worker may continually assess the permanency goal to ensure the correct plan has been chosen. Not only is it good child welfare practice to initiate these visits quickly, but the Department has a legal obligation to effect visits between children and their parents. In response to these legal and clinical obligations, Department policy requires that a visitation plan be developed, with parental and child's input, either:

- o      before placement, or
- o      within three (3) days after a planned placement, or
- o      within ten (10) days after an emergency placement.

The following exceptions exist to the above visitation requirements:

- 1)      the court has specifically ordered that no visitations are to occur,
- 2)      parental rights have been terminated, or
- 3)      the child was voluntarily surrendered for adoption.

Any of the above reasons for not developing a visiting plan requires the worker to consider a permanency goal for the child other than "return home". Frequently this will take a shorter assessment time and the permanency goal can be developed early in the placement. This does not preclude contact with parents, since they must be given the opportunity to participate in developing the plan with the Department. Other reasons for making a permanency goal other than "return home" are:

## PLACEMENT AND VISITATION SERVICES

March 21,2001 – P.T. 2001.08

- 1) parents refuse to visit a child, or
- 2) their identity and/or whereabouts are unknown to the Department and a diligent search to locate them is underway using the diligent search guidelines in **Procedures 300, Reports of Child Abuse and Neglect**. In this instance, a visiting plan can be established by the worker, without parental input, and the parent's failure to visit will be documented to support the change in the "return home" goal to an alternative permanency goal.

All efforts should be made to contact the parent prior to the change to an alternative permanency goal. Parents need to know what is happening with their children and, in some instances, the parents may voluntarily surrender a child for adoption, making the process easier on all concerned. The worker may then concentrate his or her efforts on the child and resolving the child's issues.

At the same time the plan for parent-child visits is initiated, a similar visitation plan for siblings will be established. If there are to be no parent-child visits, for reasons listed above, this does not preclude a visitation plan for siblings, unless sibling visits are contraindicated for one of the reasons listed in **Rule Section 301.220(a)(1) through (3)**. Those reasons must be clearly recorded. Both visiting plans will be entered on **Form CFS 497 II-A**. If the visits are contraindicated, or if either cannot occur or must occur at longer intervals than required by Rule, the applicable reason must be documented on the **CFS 497 II-A**.

While parent-child visits and sibling visits are a legal requirement, the clinical reasons for visitation must be considered. Children in placement have been removed from the most important contacts in their lives - their families. Just as adults remain close to family although not in direct proximity, so children need that continual link with people who are important to them. This must continue for their sense of being connected and belonging. When the worker is determining who will be included in the original visiting plan, the worker must not only think of parents and siblings but of family members and others who are important in the child's life. Even children who do not have a "return home" goal must have an opportunity to continue relationships that were meaningful to them through visitations with family members.

### **b) Parental and Child Preparation and Involvement in the Planning Process**

Parents and children, depending on their age and comprehension level, should be prepared for their role and involvement both in the planning process and the visit itself. They should be advised of the importance of visits as means to preserving the relationship between children and families and of promoting the goal of reunification. The visiting process itself should be explained to them and the importance of their



## **PLACEMENT AND VISITATION SERVICES**

**March 21,2001 – P.T. 2001.08**

involvement in planning should be stressed. Their involvement should begin with planning for the initial visit, as well as with the development of an ongoing visiting plan, including times, frequency, place, transportation needs, what occurs during the visits, who are the people approved to visit, and what level of supervision will be provided. The parents should be advised that the visiting plan can change depending on the progress being made by the parents and child toward meeting their established goals.

Other persons critical to the implementation of the visiting plan, such as foster parents, relative caregivers, or residential care providers, shall be consulted during the planning process as the individual conditions of a case make it appropriate.

When the final plan (or revised plan) is completed, a copy of the plan should be sent to parents, foster parents, caregivers for all children, visiting centers and any other private agencies involved. Other family members approved for visitation will be informed verbally about the time, place and purpose of the visits. A plan can only be successful if all major participants have involvement which makes them less likely to work at cross purposes. Changes must be made, in concert with the participants, as circumstances change. The on-going assessment and the service plan and visitation plan are all fluid processes and must change in tandem as progress or lack of progress occurs. All changed plans must also be sent to the participants listed above. Family members involved in the visitation will again be verbally informed of time, place and purpose of visits.

### **c) Initial Visit**

The key to successful on-going visits between parent-child or siblings is to plan the initial visit quickly. The initial visit must be planned and take place within 14 days after protective custody is taken. This should be viewed as the maximum period of time. Clinically, it must be done as quickly as possible to re-establish the child's sense of connectedness with the meaningful persons in the child's life. Circumstances may preclude the 14 day rule and, if this is the case, documentation is needed by entering the reason on the **CFS 497 II-A (Visiting Plan)**. The same is true if sibling visits are unable to take place within a designated time. Reasons why sibling visits should be limited or not scheduled at all are found in **Rule Section 301.220, Sibling Visitation**, subsection (a).

#### **1) Who Plans the Initial Visit**

##### **A) Follow-up Worker**

If a worker has been assigned follow-up service responsibility for the child's case prior to the shelter care hearing and is present at the hearing, the worker shall plan the initial visit and assure that it takes place within 14 days after protective custody is taken. Parental and

## **PLACEMENT AND VISITATION SERVICES**

**March 21,2001 – P.T. 2001.08**

child participation in the planning process shall be encouraged in accordance with subsection (b) of these procedures. The worker shall record the plan on a **CFS 497 II-A**. It shall include the date, time, place of the visit, transportation arrangements, supervision issues, and the participants, including siblings, whether in placement or not. For those siblings who are still in the home of the parent(s), workers shall counsel parents on the importance of the children maintaining or developing ties with one another and encourage parents to permit them to participate in the visit. In these situations, however, workers cannot force visits between siblings living at home and those in Department custody. The plan shall also take into account the child protection issues leading to the child's placement, as well as the overall family situation.

### **B) Child Protection Worker**

If a follow-up worker has not yet been assigned or is not present at the shelter care hearing, the child protection worker who represents DCFS at the hearing shall fill out the asterisked sections of the **CFS 497 II-A** to indicate the parent's availability (if the parents are present and cooperative). In all cases, the child protection worker must fill out the section of the **Visiting Plan** form related to child protection issues which must be considered in developing the plan and forward it within 24 hours of the shelter care hearing to the follow-up worker or, if one has not yet been assigned, to the DCFS regional unit that assigns a worker or delegates the case to a private agency. The child protection worker shall include as part of the child protection issues any information if one sibling may physically, mentally, or emotionally harm another during the visit, and supervision would be inadequate to eliminate the risk of harm as determined by prior observation or documentation of their interaction as recorded in the child's case file.

If there is a currently open case on the child or the child's family, the child protection worker must immediately forward the information recorded on a **CFS 497 II-A** to the follow-up worker carrying the case.

### **C) Children Placed on a Non-emergency Basis**

If a child has been placed on a non-emergency basis, the worker to whom the case has been assigned shall develop a plan for the initial visit within three days of the placement. If a worker has not been assigned, the supervisor of the unit to which the case was assigned shall develop the plan.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 – P.T. 96.24**

### **2) Who Supervises the Initial Visit**

#### **A) Follow-up Worker**

It is the responsibility of the follow-up worker to whom the case has been assigned to supervise the initial visit between the parent(s) and child(ren) based on the plan developed above either by the child protection worker or follow-up worker, if a follow-up worker has been assigned by the time of the shelter care hearing. The initial visit must be held within 14 days after protective custody is taken because of the need for a child and his or her parent(s) to have as little interruption in their relationship as possible if reunification is to occur quickly and be as of little trauma as possible to the child.

#### **B) Child Protection Worker**

Case assignment to follow-up should be an immediate process (preferably within five calendar days after the protective custody hearing) and should be assigned to teams and to team members on a rotating basis. If the case cannot be sent to the follow-up team with five calendar days, it will become the child protection worker's responsibility to plan and supervise the initial visit of parent(s) and child(ren). The visit must be supervised in the most natural environment possible, considering the safety of the child. This will allow for the initiation of the comprehensive assessment and will provide more accurate details for the benefit of the follow-up worker. Subsequent to this first supervised visit by child protection staff, a recheck of all information for contacting the parent(s) will be done and verified for the receiving follow-up worker. The write-up of the initial assessment and the information on contacting the parent(s) must be completed and sent to the follow-up worker within five calendar days after the initial visit. Until the materials can be sent to follow-up within five calendar days of the last visit, child protection staff will continue to carry responsibility for planning and supervising the on-going visits.

#### **C) Purchase of Service Worker**

If lead service responsibility for the case has been delegated to a private agency, the private agency worker assigned to the case shall plan the initial visit and assure that it takes place within 14 days after protective custody is taken and in accordance with this procedure. Again, the

## PLACEMENT AND VISITATION SERVICES

December 1, 1996 – P.T. 96.24

preference for a five calendar day transfer applies. If the case cannot be transferred to the private agency within five calendar days after the protective custody hearing or within five calendar days of the last parent/child visit, the next visit will remain the responsibility of the person who is transferring the case. Supervision of the visit will continue to be the responsibility of that person until the case transfer is complete.

### 3) Initial Visit Does Not Occur

If the initial visit between parent(s) and child(ren) or siblings does not take place according to the plan, the worker responsible for the case shall document the reasons why either or both did not occur on the **CFS 502, Visiting Record**. This will be an indication to the worker to contact parent(s), child and siblings to try to insure that there are no more missed visits or will be an indication that "return home" might not be the correct goal. No matter what decision is initiated by these findings about parent and child, the worker should continue to work toward encouraging and facilitating visitation between siblings, unless there are extenuating circumstances to the contrary.

### d) Ongoing Visiting Plan

A family's caseworker shall develop the ongoing visiting plan and revise the visiting plan in conjunction with the family's case service plan. It shall take into consideration all child protection and other issues identified at the onset of the case, as well as case goals and case dynamics and issues which have been identified in the interim. Sites and times of the visits, as well as the persons to participate in them, shall be detailed on the **CFS 497 II-A**. Parental involvement in the planning process shall be encouraged in accordance with subsection (b) of these procedures. The plan shall be recorded on a **CFS 497 II-A**, approved and initialed by the worker's supervisor, and made a part of the family's case file. It shall then be reviewed at the first quarterly supervisory review. In cases where the permanency goal is Return Home, a child's second parental visit shall take place no later than seven working days after the Initial Visit unless reasons to the contrary are documented on the **CFS 497 II-A**. Subsequent visits must take place weekly unless extenuating circumstances are documented in the plan. Sibling visits shall take place at least twice per month unless extenuating circumstances, as described in **Rule Section 301.220(b)**, are present. Such circumstances shall be documented on the **CFS 497 II-A**. The requirement of two visits per month for siblings is met by the siblings participation in parental visits. However, more frequent visitation shall be encouraged and actively promoted when siblings express a desire to visit more frequently. (Refer to [Appendix C](#) of these procedures).

## **PLACEMENT AND VISITATION SERVICES**

**October 15, 2001 – P.T. 2001.25**

The family's caseworker at the time for which any visit is scheduled shall be responsible for ongoing compliance with the plan. The plan must be modified or revised as case goals and changing case conditions suggest. Such changes shall be developed by the family's worker of record, logged and explained on a **CFS 497 II-A**, approved and initialed by the worker's supervisor and made a part of the child's case file. Parental participation in the amendatory process shall be encouraged in accordance with subsection (b) of these procedures. The amending of a plan, as well as its development, is a critical decision. As such, it should be made in accordance with yellow page **Procedures 305.30(b), Critical Decisions**. All persons, as described previously, involved with the visitation process must be sent the revised copy of the visitation plan and verbally advised of changes in time, location or purpose of visits.

### **e) Supervision of Visits**

The follow-up worker assigned to the case will have the responsibility of deciding with supervisory approval what level and type of visit supervision is required. Supervision should be required for the initial visit until an accurate and reliable assessment of the family dynamics can be made. Supervised visits should continue to be required until the assessment is completed and a determination is made based upon the assessment.

#### **Purpose of Supervision**

The level and frequency of supervision required for visitation and how the supervision is done will depend on the purposes for which supervision is required. Supervision of visits shall be consistent with identified case issues and supportive of case goals. Some of the major purposes of supervision are:

#### **1) Protective**

- o The worker has reason to believe that the parents, siblings, or other persons are likely to physically or emotionally harm the child during the visit; or
- o The worker has reason to believe that the parents or other persons are likely to flee from the visit with the child.

If the child's worker has reason to believe based on a risk assessment (**CFS 1440, Family Assessment Factor Worksheet** and **CFS 1441, Safety Determination Form**) that a child is likely to be harmed by the persons visiting or that the parents are likely to flee with the child, the supervisor of the visit must be in the same room during the entire visit. In other instances, the visit supervisor must be able to see or hear the children during the visit and have ready access to the visiting area. If the visit is held outdoors, the children must be within eyesight of the supervisor. Because of the more open situations of

## **PLACEMENT AND VISITATION SERVICES**

**October 15, 2001 – P.T. 2001.25**

visits which are held outdoors, the visit supervisor in such situations should exercise special caution in keeping with the level of supervision which has been predetermined.

### **2) Assessment**

The purpose of supervision may be to allow workers to observe interactions between parents and children. This is necessary for developing the service plan, evaluating progress in meeting goals and objectives, modifying the service plan, and determining if or when a child can return home. Through supervision workers can assess a parent's motivation and willingness to cooperate with the visiting plan. How does the parent relate to the child and does the worker notice an improvement in how they relate? Do they keep scheduled visiting times? Can they plan appropriate activities for their children? Can they care for and protect their children during visits?

### **3) Support and Treatment**

Another important purpose of supervision is to support the building of a mutually satisfying relationship between parent and child. Supervised visits can also play a role in family treatment, especially when it involves teaching skills to parents. During visits, caseworkers, homemakers, therapists, and foster parents can teach child care and demonstrate ways of setting and enforcing limits. They can help parents and children develop better ways of interacting and communicating.

### **4) Court Related Supervision**

Supervision may be necessary due to a court order that the visits be supervised. In such instances, the court may have ordered supervision for some of the same reasons as described above in (1) through (3), as well as other reasons.

Supervised visits may be necessary prior to a court hearing at which the child may have to testify when the worker has reason to believe that the parents may attempt to influence the child's testimony.

### **Frequency of Supervision**

In many cases supervision will be needed for all of the purposes described above and will need to be adjusted as the needs change. If the purpose of supervision is to assess interaction between parent and child and to support relationship building and teach parenting and communication skills, the degree and frequency of supervision may not

## PLACEMENT AND VISITATION SERVICES

December 1, 1996 – P.T. 96.24

need to be as high as it would be if there were significant protective service concerns. Therefore, the need for every visit to be supervised shall be continually assessed and decreased as soon as safely possible.

If the follow-up worker is having visitation supervised for assessment purposes and discovers through the assessment process, that the case has none of the obvious reasons for making supervision a requirement (i.e. no risk to child's safety, support and treatment) then the worker may schedule periodic supervision of visits for purposes of:

- o updating the assessment and determining if the visitation and/or treatment plan must be revised;
- o including a homemaker or other "teacher" to instruct and do "hands-on" training of parent for particular skill building or provide additional support necessary to consider reunification, if those needs become apparent;

The periodic requirement of supervision gives the worker the freedom to allow extended unsupervised visits as the interaction between parent(s) and child(ren) improves and as reunification becomes a more realistic option.

### Who May Supervise Visits

A child's worker of record at the time for which a visit is scheduled shall be responsible for assuring proper supervision of the visit. Relatives, foster parents, residential care providers, homemakers or other service providers may be appropriate to supervise the visit. The worker shall determine who is appropriate to supervise the visit. Parental involvement in the determination of who shall supervise the visit shall be encouraged in accordance with subsection (b) of these procedures if a relative is being considered as supervisor. No volunteer shall be designated as supervisor of a visit without first being consulted or approved by the worker or the worker's supervisor. In all instances, the supervisor for a visit must be specified in the **Visiting Objective** of the **CFS 497 Part II-A**.

### f) Requirement of Follow-up Worker's Attendance at Visits

If the follow-up worker does not supervise the visit routinely, but the supervision is done by another person (i.e. through a visitation center, or by a relative or other caregiver) or if visits are conducted primarily as unsupervised, there is a requirement that the follow-up worker observe the visitation process between parent(s) and child(ren) ***at least once every other month*** for purposed of continual assessment of parent and child interaction. This enables the responsible worker to observe progress and whether or not the behavior of the parent or child, that led to the original reason for placement, has improved to the point that the child is no longer at risk. It further

## PLACEMENT AND VISITATION SERVICES

December 1, 1996 – P.T. 96.24

allows the worker an opportunity to assess what further skills the parent(s) needs to make reunification possible. With this first hand knowledge, the worker can arrange for the "hands-on" training of another person (i.e. homemaker) for a prescribed number of future visits. It is with this kind of observation that the worker can consider progressively longer visitation periods that are unsupervised so the parent can re-assume the responsibilities of being a parent again.

For visits supervised by a person other than the worker, visiting records shall be completed. The worker shall consult with the person supervising the visit and review the visiting records to determine progress.

### **g) Time Frames**

- o The initial Visitation Plan must be completed before placement or no later than three (3) days after a planned placement or ten (10) days after an emergency placement.
- o The initial visit must occur within 14 days.
- o The Service Plan (which involves the Visitation Plan) must be completed within 30 days after the case is opened.
- o The Service Plan (which involves the Visitation Plan) must be reviewed every six months to consider and/or make possible revisions. Obviously, changes may be called for earlier than a six month period. This requirement, as with all others is to be considered a maximum period and a worker should change any aspect of the plan at any time that change is necessary.
- o When the goal is return home parent(s) and child(ren) visits shall be scheduled at least weekly. If this frequency is impossible, the reason must be entered into the Visitation Plan. Refer to Appendix A of these procedures for a discussion of those factors that may require a frequency of less than weekly visits between parent and child.
- o Sibling visits shall be scheduled at least every other week for no less than two hours. If this frequency and length of time is impossible, the reason must be entered into the Visitation Plan. Refer to **Rule 301.220(a) and (b)** for the only acceptable reasons for reducing the frequency of sibling visits.



## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 – P.T. 96.24**

### **h) Selecting the Place, Frequency, Length, and Participants of the Visit**

The Place, Frequency, Length of Visits and Names of Participants in the visit must be entered in the Visitation Plan and should be reviewed by the worker monthly and changed as warranted.

The **PLACE OF VISITS**: The location should be made as comfortable as possible for the child. In most instances, that location would be in the parent's home. Where the safety of the child might require a more protective environment, visits may occur elsewhere such as in a relative's home, the foster parent's home, in the parent's neighborhood, or a visitation center. If safety of the child precludes any of those choices, the CFS or private agency office might offer the most protection during the visit and should then be the final choice. As the circumstances of the case change, the location of the visits should be changed to fit the changing case circumstances, either to a less restrictive place or to a more restrictive place.

The **FREQUENCY OF VISITS** should be increased as parents progress in meeting the objectives and tasks of the client service plan. This will be the first opportunity to "test" the process of reunification by possibly including a second hourly visit each week for purposes of attending to the child(rens) (i.e. helping to purchase clothes, picking the child up from school, etc.) The frequency should be reviewed at least monthly and changed, if warranted.

The **LENGTH OF VISITS** should similarly increase as visits progress and the relationship between parent(s) and child(run)s improve. This, too, is an opportunity for the parent to practice the ability to parent and the length should be progressively increased over a period of time to allow the parent and child time to adjust. With each increase, the parent must be asked what his or her wishes are for the future of his or her children in placement and for his or her own future. In this manner the worker can gauge any ambivalence the parent may have with regard to reunification.

At least monthly, length of visits should be reviewed and changed, if warranted.

The list of **PARTICIPANTS** in the visitation process should also be reviewed at least monthly for possible inclusions of family members, friends or other persons who have meaning for the child. If initially, the goal is building and improving interactions between parent(s) and child(run)s, the worker might consider if the addition of a family member might help that process or whether it would be best to have only parent-child visits during a period of time until that goal is reached. At any time the worker believes it is correct to add other family members who, for any reason, were not added initially, these review intervals are the natural periods to revise. This process should continue and changes made, when necessary.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 – P.T. 96.24**

### **i) Documentation of Visits**

Documentation of all visits is required, regardless of the permanency goal and whether or not the visit is supervised. The child's worker of record at the time a visit is scheduled to take place shall be responsible for such documentation and its placement in the family's case file.

#### **1) Return Home**

If a visit is not supervised, the child's worker shall assure that information regarding the visit's date, time and persons present is logged on a **CFS 502, Visiting Record**. If visits are supervised, proper documentation of the frequency and duration of the visits, of the parents' demonstration of interest in the children during the visits, and of the children's anticipation of and reactions to the visits are of great importance. The worker or the supervisor of each supervised visit shall log as accurately and as completely as possible on the **CFS 502, Visiting Record** the following specifics:

- o the date, time and place of a visit and the names of the persons in attendance;
- o detailed examples of the parents' behavior--positive, negative or neutral--during the visit;
- o detailed examples of the children's behavior--positive, negative or neutral--before, during and after the visit;
- o detailed descriptions of any incident which occurs during a visit. Include explanations of the incident by the parents, children, foster parents and other visitors, as well as an assessment of its impact on the children;
- o whether or not the visit took place in accordance with the visitation plan and, if not, why. For example, if a parent missed a visit, it should be noted if the parent notified the worker or other person designated in the Visiting Plan in advance that they would be unable to attend. Use direct quotes whenever possible;
- o whether sibling visitation took place in the event the parent missed a visit; and
- o any preparation of the parent(s) by the worker or visit supervisor prior to the visit and any debriefing of the parent(s) after the visit.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 – P.T. 96.24**

The visit supervisor shall complete and forward the Visiting Record to the child's worker on a weekly basis.

### **2) All Other Permanency Goals**

If a visit is supervised, the worker or supervisor of a visit shall log the date, time, persons present during the visit, interaction during the visit and documentation that it did or did not occur in accordance with the visitation plan on the **CFS 502, Visiting Record**. If a visit is not supervised, the worker shall still log the date and time of the visit, persons who were present, and whether or not the visit took place in accordance with the visitation plan.

### **3) Instructions for Filling Out the CFS 502, Visiting Record**

- 1) Fill out the first section on Family Name and CYCIS ID Number.
- 2) Check the type of visit (The definition for "initial parent", "ongoing parent", and "sibling" visits are specified in Department Rule/Procedure. The visit may be both an initial visit and a sibling visit. However, the category of "sibling only" is to be used when only siblings are visiting.
- 3) Check the appropriate category to designate the reason a visit did not occur. If the visit did not occur, please document via this category and do not fill out any further portion of the form. If a child did not attend the visit, check the reason and fill in the child's name. Complete the rest of the form for those children who did visit.
- 4) Document the persons attending the visit via the "Persons Present" section. The person to be documented should be listed on the Visiting Plan form. Please write the respective child's name and the initials of the person the child visited with (i.e., if mother, Suzie Jones, visited with her son, James, "SJ" would be included in the "mother" category and James Jones would be included in the child category. The inclusion of the child CYCIS ID is optional. If additional space is needed to include all children in the family, please utilize another form and fill out the "Persons Present" section.
- 5) Designate the length of the time of the visit in hours and quarter hour increments. Length includes the actual visiting time, not any transportation time.
- 6) Fill out the sections on "Visitation Supervision" and "Visit Termination" as needed.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 – P.T. 96.24**

- 7) The person completing the form should sign and date it on the back. The worker should also sign and date the form on the back. Parents shall also sign the form to acknowledge that the visit took place.

### **4) Instructions for Filling Out Narrative Description of Visit**

- 1) The "Purpose of Today's Visit" portion of the narrative section is meant to define the goal of the visit for both the child(ren) and the parents; i.e., to maintain positive contact between parent and child, to assist the parent in trying out a newly learned parenting technique, to have the child demonstrate his/her ability to control a behavior, etc. Obviously, these objectives of the visit are designed with the input and consultation of the parent/child.
- 2) The "Observation of Visit" section is meant to record the process of the visit. Record the positive and negative interaction of the visit participants and their reaction to each other. Record any other incidents occurring during the visit. If the visit has to be terminated prematurely, for any reason, record the reason.
- 3) The "Comment" section is to be used to provide any directions or suggestions on this or future visits.

### **j) Transportation To and From Visits**

The worker responsible for a case at the time a visit is scheduled has the lead responsibility for resolving transportation or other problems which make it difficult for a child to visit with parents, siblings or grandparents. The worker shall first consult with and explore the use of relatives, friends of the family, and unpaid volunteers. If these resources are exhausted and the child will be unable to visit according to the visiting plan unless transportation is provided, or if the means or cost of transportation would cause the child's family undue hardship, the most reasonable means of local transportation can be paid for in accordance with **Procedures 359.76**.

For unusual transportation costs (i.e. for out of state) the supervisor will approve and enter the approval on a case note with verbal approval from the DCFS Regional Administrator. Special consideration for transportation assistance shall be given to parents who are at or below the poverty level, who have physical or mental disabilities, who have large numbers of children to transport, or who can present other extenuating circumstances. Parental involvement in the planning of transportation shall be encouraged in accordance with subsection (b) of this procedure.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 – P.T. 96.24**

The worker responsible for the child's case shall ensure that any person (including foster parents, relatives, friends, or volunteers) transporting a child under age 6 has the use of or is provided with a child restraint system that meets federal standards and is a properly licensed and insured driver. Refer to yellow page **Procedures 301.30 (f)**.

### **k) Case Transfers**

When a case transfers from one worker to another, the supervisor of the worker from whom it is transferring, will have the responsibility of notifying all persons involved in the visitations about the change in worker and give them the name and phone number of the new worker or his or her supervisor. The supervisor shall also be responsible for assuring that no scheduled visit shall be canceled or more than briefly delayed as a result. To facilitate this, the supervisor shall assure when the case file is transferred that it is flagged on a **CFS 1425, Change of Status** form.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 – P.T. 96.24**

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## PLACEMENT AND VISITATION SERVICES

September 19, 2001 - P.T. 2001.23

### Section 301.220 Sibling Visitation

#### Permanency Goal of Return Home

Procedures for implementing sibling visitation policy will generally follow the procedures outlined above in [Section 301.210](#) and the guidelines established in [Appendixes A, B, and C](#), especially when sibling visits are being coordinated with parental visits. Coordination with parental visits will usually occur when the permanency goal is "return home". When the goal is return home, parents are expected to visit weekly. Workers are allowed to consolidate sibling visits with return home parent/child visits. This does not mean that more frequent sibling visitation should not be encouraged. The parent(s) and children, especially, those children seven years of age and older, should be involved in the planning process and given the opportunity to express their wishes regarding how often visits between siblings should take place. If parents are not able to attend the parental visits, sibling visits should still be arranged. In no case should the frequency of sibling visitation fall below twice per month except for reasons stated in **Rule Sections 301.220(a)(1) through (3) or (b)(1) through (3)**. Workers encountering difficulties or barriers from parents should seek immediate consultation from their supervisor or clinical manager. Children under seven years of age may be involved in the planning process if the worker feels they are able to contribute to the plan and can benefit from the experience. Visits are to be scheduled whenever possible on days and during hours that will not cause child(ren) or youth to miss school, pre-school, early intervention program, or other school activities in which the child(ren) may be participating.

#### Other Permanency Goals

When the permanency goal is other than return home, it may not be possible to coordinate sibling visits with parental visits and in some cases it may be precluded. [Appendix C](#) of these procedures, provides practice guidelines for arranging sibling visits.

#### Adoption

When the permanency goal for a child is adoption and the child's siblings are not also being adopted by the same adoptive parents, sibling visitation should continue according to Department rules and procedures until such time as the adoption is finalized. . (See **Rule and Procedures 301.70, Sibling Placement**, regarding diligent efforts to place siblings together when one or more siblings come into Department care after other siblings have been adopted.) Although a legal relationship no longer exists after adoption, it is important to take into consideration the fact that children may still have a strong desire to maintain a bond with their siblings and maintaining that bond can have a very positive effect on their lives. It may still be possible for visitation and contact to continue, even though one or more of the siblings may have been adopted apart from other siblings. Sibling visitation may continue under the following two circumstances:

- 1) After finalization of the adoption permission of the adoptive parents must be obtained to continue visitation with the siblings who are still in Department custody. These issues should be discussed with the adoptive parents prior to the adoption and the wishes of the child, if seven years of age or older, should be made known during the discussion.

## **PLACEMENT AND VISITATION SERVICES**

**September 19, 2001 - P.T. 2001.23**

- 2) If a child who has been adopted wishes to continue visitation with siblings who are in foster care and the child's adoptive parents approve of visitation, the case worker of the children in foster care shall help facilitate visitation on a frequency that is agreeable to both parties. The adoptive parents should also be involved in helping facilitate the visits, including transporting their adopted child to visits and any costs associated with meeting their adopted child's expressed wish to visit with siblings.

### **Guardianship**

When the permanency goal for the child is guardianship, visits and contacts between siblings placed apart shall be negotiated to the extent possible prior to the transfer of guardianship. (See **Rule and Procedures 301.70, Sibling Placement**, regarding diligent efforts to place siblings together even when one or more siblings come into Department care after other siblings have been adopted or placed in private guardianship.) In the instance of one or more children placed in private guardianship and one or more siblings placed elsewhere, unlike adoption, a legal relationship continues between the siblings. It is very important, therefore, that the attitude and willingness of the private guardian toward allowing sibling visitation and contact be assessed. This willingness shall be a criteria in approving private guardianship if clinical assessment indicates that the absence of visitation and contact would be harmful to the well-being and best interests of the children.

### **Independence**

When the child's permanency goal is independence it is especially important that the child's wishes regarding visitation with siblings be considered. If the child whose goal is independence does not wish to visit with his or her siblings, the worker shall ensure that the child is counseled regarding the importance of maintaining ties with family members. The feelings of the other siblings who wish to maintain contact should be made known to the child who is expressing a wish not to visit. When visiting will take place, a plan shall be established in accordance with **Procedures 301.220**. In establishing a plan the foster parents or caregivers of the siblings not in independent living shall be consulted and their cooperation enlisted. The child in independent living shall be assisted by assigned worker if transportation or other expenses associated with visitation are needed.

### **Cannot be provided for in a Home Environment**

When the child's permanency goal is "cannot be provided for in a home environment", a visiting plan of a minimum of twice per month visits with siblings shall be established in accordance with **Procedures 301.220**, unless the conditions specified in **Rule Section 301.220(a)(1) through (3) and (b)(1) through (3)** specify otherwise.

Visitation for children in a long term care facility may present special difficulties due to the special needs or disabilities the child might have. In these cases it is especially important for the worker to establish a plan that takes the child's needs into consideration and which involves the participation of facility staff, medical



## **PLACEMENT AND VISITATION SERVICES**

**September 19, 2001 - P.T. 2001.23**

professionals when necessary, the caregivers of the other siblings who will be visiting, and the other siblings themselves who should be made aware of the special needs of the child in long term care. When siblings who are in foster family or relative care homes have siblings who are in long term facilities, the workers of those in foster/relative care and the workers of those children in long term care facilities share responsibility for the joint planning of visitation.

Visits may be arranged in the facility itself with the assistance of facility staff or outside the facility, if the child is able to be moved. Overnight visits in the foster or relative homes of the other siblings may be arranged and paid for in accordance with **Procedures 359.4(a)(10)(E), Sibling Visitation Fee**. Transportation needed for bringing the siblings to the child in the institution or vice versa shall be arranged by the worker of the child who is being transported.

### **Children in Parental Custody**

Parental permission is needed prior to sibling visits if one or more of the siblings is in the parent's custody. As in the case when one sibling who has been adopted and other siblings remain in foster care, sibling visitation may continue, if both sets of parents agree.

**PLACEMENT AND VISITATION SERVICES**  
**September 19, 2001 - P.T. 2001.23**

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## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

### **Section 301.230      Contact Among Siblings Placed Apart**

Form **CFS 318, Sibling Contact Information**, shall be completed with the necessary information about the birth date, name, address and telephone number of each child and sibling placed apart and given to the child and foster parents or other caretaker at the initial placement and any time the placement of the child changes. The addresses and phone numbers of each sibling placed apart shall also be recorded in each child's **Child/Youth Handbook** on the last page which is entitled Other Important People and Phone Numbers.

Form **CFS 318** shall also be used to document any reasons why information about siblings' whereabouts should not be given, as when it is not in children's best interests to do so, or when a court has ordered that such information not be given.

Plans for scheduling reasonable phone calls and correspondence shall be incorporated in the child's service plan in accordance with **Rule and Procedure 305, Client Service Planning**.

**PLACEMENT AND VISITATION SERVICES**  
**December 1, 1996 - P.T. 96.24**

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## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

### **Section 301.240      Grandparents Visitation**

It is generally recognized that most children have established ties with grandparents and great-grandparents. Therefore in accordance with the Illinois Marriage and Dissolution of Marriage Act, the maternal or parental grandparents or great-grandparents may petition the divorce court for visiting privileges when a child is removed from the custody or the home of a parent. The divorce court may grant visiting rights under the Marriage and Dissolution of Marriage Act if the court determines that visitation would be in the child's best interest.

If a court order is issued under any of the following circumstances, the order is invalid and staff are to refer such orders to Regional legal staff for advice and counsel.

The divorce court may not be petitioned for visiting privileges:

- o by the parent(s) or grandparent(s) of a putative father if the putative father's paternity has not been legally established,
- o by the grandparents or great-grandparents when the child was voluntarily surrendered by the parent(s) to anyone other than the Department or a foster care agency, or
- o when the child has been adopted (or an adoption is pending) by an individual who is unrelated to the child's biological parents.

When the Department is presented with a court order from a divorce court for visits by the grandparents or great-grandparents of a child placed in substitute care, staff shall arrange for visits unless there is a concern about the child's safety and well-being. If there is concern about the child's safety during visits, the visits are to be supervised. Whenever staff question the validity of a court order for visits or have concerns about the child's safety during such visits, contact Regional legal staff for guidance.

**PLACEMENT AND VISITATION SERVICES**  
**December 1, 1996 - P.T. 96.24**

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## PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

### APPENDIX A FAMILY VISIT PLANNING CRITICAL DECISIONS AND DOCUMENTATION PROTOCOL

The factors that should influence the worker's decisions about visit planning have been outlined in the Family Visiting Guide included as [Appendix B](#) of these procedures and in [Appendix C](#), **Sibling Placement and Visitation - Special Considerations**. Workers should refer to the Guides as they develop Visiting Plans.

However, certain decisions must be appropriately documented on the Visiting Plan. In particular, decisions to decrease the frequency or duration of visits are Critical Decisions (**Rule and Procedure 305.3 (d)**) and therefore require appropriate documentation and supervisory approval.

In addition, for children whose **permanency goal is to return home**, Rule sections 301.210, Family - Child Visitation and 301.220, Sibling Visitation, set out certain expectations of the visiting plans and requires documentation if those expectations will not hold for a particular case, namely: visits should begin immediately after placement; visits should occur weekly for parent-child visits, twice per month at a minimum for sibling visitation; visits should increase in length; and visits should occur in the parent's home. If Visiting Plans specify provisions different from these expectations, the reason for the variation should be documented in the Plan. The specific documentation necessary for each decision is outlined below.

#### Decisions Affecting Visit Frequency

##### **Delaying Initial Visit for Children with a Permanency Goal of Return Home:**

The Department requires that an initial visit take place within 14 days of protective custody. However, certain circumstances dictate that the initial visit should be delayed.

For example, such a case may be one where, despite supervision, a parent or perpetrator alleged to have physically or sexually abused the child is likely to intimidate the child and therefore affect the Court process. Based on the specific people, the actual threats, and the other details of the case, the worker should try to arrange the location and supervision to prevent such intimidation. If this cannot be done, then the worker might decide the initial visit should be delayed beyond the first 14 days.

If the worker decides the initial visit should not take place within 14 days of protective custody, the worker should:

## PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

- 1) **make the request** at the shelter care hearing if the decision is made before the hearing. If the decision to delay the initial visit is made after the shelter care hearing, the worker should have a specific justification for delaying the initial visit.
- 2) **document the decision** on the Visiting Plan (in the "Reason for Plan Modifications" section), including an explanation of the circumstances that led the worker to recommend the delay and any external documentation that supports the decision, and obtain supervisory approval.
- 3) **specify** on the Visiting Plan when **the initial visit** will be scheduled.

### **Scheduling On-Going Visits Less Often Than Weekly for Children with a Permanency Goal of Return Home:**

The Department expects that parents should visit their children weekly, unless the case record contains documentation to justify a different frequency. Visits may be scheduled more often than weekly and this can be especially helpful as children move closer to returning home.

If the worker believes a less-than-weekly frequency for parent-child visitation or less than twice per month for sibling visitation is justified, either as the first Visiting Plan is developed or subsequently as the Plan needs to be modified, the Plan **MUST** contain the following:

- 1) the reason for having less than weekly visits or less than twice per month for sibling visitation (include in the "Reason for Plan Modifications" section);
- 2) the modified visit frequency (include in the "Date or frequency of visits" section);
- 3) the change or activities required by the parents or child(ren) before the visits will be increased (include in the "Role of Parent/Additional Instructions for Visit" section);
- 4) the time period that the plan for less frequent visits will be in effect (include in the "Period of Time Plan To Be Modified" section); and
- 5) documentation in support of the worker's decision. The worker must be able to justify a less-than-weekly visit frequency for parent-child visitation and less than twice per month for sibling visitation. The types of documents listed below can provide information that helps explain the worker's rationale. The documents alone, without an interpretation from the worker, will not support



## PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

less-than-weekly visit for parent-child or less than twice per month for siblings. At least one of the following must be attached to the Visiting Plan as documentation for less than the required frequency of visitation:

- a) **Court Order**
- b) **Psychiatric or Psychological Evaluation**, completed by a skilled professional qualified to make such determinations and documenting the reasons for the determination.
- c) **Medical Evaluation**, completed by a pediatrician or other medical professional who determines and documents that weekly or twice per month visits are detrimental to the child's health.
- d) **Police Report**, concerning the parents' behavior that documents a threat to the child's or other's safety.
- e) **Administrator's Decree**, for example, an agency director's determination that visits occurring in the agency office would endanger agency staff.
- f) **Detailed Description** if the worker and supervisor believe that good social work practice dictates that the visits be less often than required by rule. In particular, such a determination should be based on
  - worker's observation of detrimental parent-child or sibling visits; or,
  - other direct observation or concrete information; or,
  - the parent's urging or the express desires of siblings.<sup>1</sup>

The decision should be consistent with the family's overall service needs and should be considered in the context of the case plan.

The worker should also include documentation of attempts to resolve the problems, if any attempts were appropriate, before reducing the visit frequency.

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<sup>1</sup>Workers should explain to parents the importance of frequent visits with their children. If the parents and the worker agree that less frequent visits are consistent with the case plan and can appropriately meet the parents' and children's needs, this should be documented on the Visiting Plan. Where possible, parents should also sign these Visiting Plans. Such an arrangement should not be made solely for the convenience of the Department or agency serving the case.

## PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

At the end of the time period specified for the less than weekly visits for parent-child visitation or less than twice per month for sibling visitation, the worker should **reevaluate the Visiting Plan** to determine if the frequency should be increased. If the Plan still needs to include less than the required amount of visits, the evaluation of the previous plan, the reason for the continuation, and a new time period should be included on a new Visiting Plan.

### **Decreasing the Frequency of Parent-Child or Sibling Visits For All Permanency Goals:**

For all cases, no matter what the permanency goal, the decision to decrease the frequency of parent-child or sibling visits is a Critical Decision that requires supervisory approval and appropriate documentation. However, if visit frequency is decreased to less-than-weekly visits for parent-child visitation and the permanency goal is return home, the Visiting Plan **must** contain the documentation described above in the section, "Scheduling On-Going Visits Less Often Than Weekly for Children with a Permanency Goal of Return Home." The requirement of a minimum of twice per month visits for siblings is required for all cases regardless of the permanency goal, thus any change in the frequency requires documentation on the Visiting Plan. (See [Procedure 301.220, Sibling Visitation](#), for a discussion of sibling visitation as related to permanency goals.)

Parents and children have a right to appeal Critical Decisions.

### **Decisions Affecting Supervision of Visits**

Visits may require supervision for a number of reasons. As with other aspects of visit planning, the decision to supervise a visit should be consistent with the current circumstances and should consider the context and progress of the case. However, depending on the reason for supervision, only occasional visits may need to be supervised. In addition, for children who will return home, visits should become increasingly less supervised as the return approaches.

Supervision of a visit may be required to:

- **Evaluate early parent/child interaction.** At the early stages of a case, the worker may feel a supervisor is needed for some visits to observe how the parent and child interact. The specifics that need to be observed should be identified; the choice of supervisor for such visits should be consistent with the purpose and nature of the observation needed.
- **Protect the child.** A decision that supervision is needed to protect the child should be based on risk to the child, either the reason for custody, subsequent risk, or risk from a sibling. In addition, supervision may be needed because a parent or sibling is likely to flee with the child if left unsupervised.

## PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

- **Periodically assess a specific aspect of the parent/child or sibling interaction.** If supervision is needed for such an assessment, supervision will be intermittent. The specific purpose of the supervision should be identified and related to the case plan, the reason for custody, or risk to the child.
- **Provide therapeutic or other intervention.** A visit supervisor may be needed to provide hands-on instruction to the family for some or all of the visits. The intervention should relate to the area that led to the child's removal or to the barriers that prevent the child's return to his/her parent's home. The focus should be on helping the parent reach the minimum parenting standards that can facilitate the child's return.
- **Comply with a Court Order.**

If the decision is made to supervise visits, the reasons for the decision must be included in the Visiting Plan. In particular, the Plan must:

- 1) **Include the reason** for supervision (in the "Reason for Plan Modifications" section);
- 2) **Identify a supervisor** that is appropriate based on the reason for supervision (include in the "Who will supervise?" section); and
- 3) **List the specific changes** or outcomes that will enable the family to have less supervised visits (include in the "Role of Parent/Additional Instructions for Visit" section).

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

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## PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

### APPENDIX B FAMILY VISIT PLANNING GUIDE TO PRACTICE

**Philosophy:** Planning for parent-child and sibling visits is an integral part of overall service planning for families with children in placement. Regular visits are essential to ensure that family relationships are maintained or strengthened when the case goal is to return the child home. However, for children who will not return home, visits can help redefine the family relationship as the child moves toward another permanency plan. In all cases the visiting plan is developed as part of the overall case plan and may be modified as the case goal changes or as the child moves closer to permanency.

**Principles:** The visiting plan must be built on a series of underlying principles. A good visiting plan will:

- o ensure the **safety** of the child;
- o be **sensitive** to the needs and goals of all parties, including the child in placement; parents, siblings, and other family members; and the substitute caretaker;
- o be a **thoughtful** and **integrated** tool to assist in the family's service plan and the child's move toward a permanent home;
- o be **continuously evaluated** and **responsive** to changes needed based on an evaluation of the visits;
- o **develop** and **change** as the case progresses;
- o appropriately respond to the **logistical and resource constraints** without unduly restricting parents' and children's right to visit;
- o **explain** and **justify** the components of the plan.

**Components:** The written plan for parent-child and/or sibling visits should identify at least the following and should contain the rationale for the choice or decision made:

- o dates or frequency of visits,
- o time and length of visits,
- o location of visits,

## PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

- o supervision required, who is to provide, reason for supervision, and role of supervisor,
- o transportation arrangements for parent and child,
- o contact allowed other than visits,
- o others involved in the visits,
- o visit cancellation and rescheduling instructions,
- o role of substitute caretaker.

The plan should also explain how it contributes to the overall service goals and is consistent with the current status of the case. This should, where appropriate, include a description of objectives for the parents to accomplish through the visits or changes that need to occur in order to increase visits or decrease restrictiveness. The plan for sibling visits should provide for twice monthly visits for siblings in foster care. If a sibling is placed in a residential facility and

- a) it is documented in the child's case file that the child is at risk of physical harm if sibling visitation occurs, or
- b) a qualified mental health professional has determined that the child is at risk of mental or emotional harm if sibling visitation occurs, or
- c) the residential facility is more than 150 miles away from the placement of the other siblings, visitation may occur less frequently than twice a month. However, children in residential care are entitled to visits every other month (preferably overnight) sibling visits at a minimum.

**Considerations:** Making decisions about the location, frequency, supervision, and other components of the visiting plan requires the worker to consider the needs of the child(ren), parents and other family members, and the substitute care provider, as well as logistical or resource limits. These considerations, discussed below, will vary in their relative importance from case to case. Some relate only to cases in which the service plan goal is to return the child home. Others relate more directly to cases with other goals. For example, in cases in which the goal of the case plan is to return the child home, the caseworker, in developing a plan for visits, may focus more on the parents' progress. By contrast, in cases in which the goal is long term foster care, the caseworker may decide to place the most emphasis on the child's requests and maintaining relationships between siblings.

In all cases, however, the worker must determine the weight to assign these considerations based on the facts and circumstances of the individual case. Once the caseworker does this,

## PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

the questions outlined below will assist him or her in making decisions regarding the contents of the visiting plan<sup>1</sup>.

### Children's Considerations

#### Child's Age:

##### o What is the child's sense of time?

Visits should be scheduled so that they minimize the impact of separation and loss for the child. For example:

- o If a child is feeling acute grief, more frequent visits may be scheduled (for example, up to daily);
- o More frequent visits (for example, up to daily) may be needed for a small child or infant who will have trouble remembering parents or siblings, if the visits are far apart;
- o A visit longer in length may help establish the parents or siblings as a significant part of the child's life, in contrast to the myriad of others the child may come in contact with.

##### o Can the child protect himself/herself?

If case circumstances warrant concern about the child's safety and the child is too young to call for help, the location, supervision, or duration of visits might be affected.

**Child's Requests:** Children should be involved in planning visits whenever possible. The worker should explore the reasons underlying the child's specific requests.

##### o What are the reasons underlying the requests?

Looking at the reason will help determine how to respond to the requests, for example, how to respond when a child says she wants to visit every day or when she never wants to visit again. Age or other individual characteristics of the child might help in evaluating the reason and the appropriate response. For

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<sup>1</sup>

The next three sections are adapted from Peg Hess and Kathleen Proch, *Family Visiting in Out-of-Home Care: A Guide to Practice*, Child Welfare League of America, Washington, D.C., 1988.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

example, a child who says she never wants to visits again may have strong reasons (such as abuse during a visit) or may give less serious reasons (such as parents denied child's request to buy toys or siblings ignored or teased the child during the visit).

### **What are the child's expectations of the visit and relationship with the parent and/or siblings?**

What the child hopes to happen in the course of the visits, and her perceptions and expectations should be considered and discussed with the child in planning visits. These expectations should be communicated to people involved in the visits, as appropriate.

**Child's Reaction:** The child's reaction might indicate that frequent visits with the parents and/or siblings are extremely beneficial and would warrant increasing the frequency or length. Alternatively, the child's reaction after visiting might seem to suggest that visits are actually detrimental to the child and that the frequency or length of visits should be modified in the plan.

- o **Is the reaction based on the stress of placement or is there evidence that the child is truly being harmed?**

When the child reacts adversely to visits, the worker should continue to work with the child to determine the reason for the reaction and to help the child deal with the stress. As part of this process, the worker should evaluate the child's behavior before and after the visit to determine what is different from the norm. Visits are often stressful, but they are not necessarily detrimental to the child. Only if there is evidence that the visits are detrimental to the child should a decrease in frequency or length be considered. Before decreasing the frequency of visits or length, however, workers should be careful to document their decision, as described in the Protocol, **"Family Visit Planning: Critical Decisions and Documentation Protocol."**

### **Child's Schedule:**

- o **How can visits involve parents and/or siblings in the child's routine?**

Visits that are planned to correspond to the child's daily routine or routine medical care can help ensure that parents remain significant in the child's life. For example, for a child where the goal is to return home, parents can be involved in the child's activities (school activities, for example) or can be involved in an aspect of the child's daily routine so that the parent and child



## PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

can prepare for when the parent is responsible for such care. The child's wishes to involve parents and siblings should be respected whenever possible. When the child is in a long-term placement, visits should be scheduled consistent with the child's need for security and stability. These considerations will help determine the appropriate location, length of visits and others who might be involved.

**Child's Needs:** The child's developmental stage as well as therapeutic needs can influence visit planning components as well as activities during visits.<sup>2</sup>

- o **How might the child's developmental stage guide the visits?**

Visits should be planned to reflect the child's developmental needs. This is particularly important when the parents need to practice the skills that will enable them to take care of a child who will return home. In that context workers should consider what parents and children do at each of the child's developmental stages. For example, visits for very young children should be planned around the parent's nurturing the child: feeding, holding, etc. Similarly, depending on the age of the child, appropriate activities may be playing with blocks, reading books, or supervising homework. Visits should be scheduled, with the time, location, and possibly frequency, taking these activities into account. Similarly, siblings should be involved in activities appropriate to their respective ages. Older siblings should not have to take on a parenting role during sibling visitation.

- o **What components of the visiting plan should be guided by the child's therapeutic tasks?**

Depending on the issues the child is trying to address, the requirements for supervision, presence of others at the visit, etc. might be influenced.

- o **What is the child's tolerance for parental or sibling visits?**

For example, the child may feel comfortable only if he is around his parent for a long period of time, or alternatively, because of the dynamics of the family situation, a short visit may be all that a child can tolerate. Similarly, tolerance can guide the frequency, supervision, or location of visits.

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2

Peg Hess, "Parent-Child Attachment Concept: Crucial for Permanency Planning," *Social Casework*, January, 1982, p. 51.

## PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

### o **What are the child's other needs and abilities?**

Special needs of the child such as mental illness, developmental disability or medical complication, or the ability of the child to structure his/her own time if a parent is distracted, etc. can influence the location, supervision, frequency, or duration of visits. For example, a child who is hospitalized may need more frequent contact than otherwise.

**Other Family Members:** In order for the child to maintain or build relationships with his family, other family members might be included in the parent-child visits.

### o **Who are significant members of the child's "family"?**

Siblings and other close relatives are the most obvious members to include. However, "family" in this context might be more broadly defined. For example, a more distant relative or other person who has a significant role in the child's life might be appropriate to include periodically in the visits. Including them in parent-child visits may be particularly important for children who are not going to return home.

In addition, family-child visits may also incorporate visits with those who have a court-ordered or other legal right to visit, such as grandparents in some cases or siblings in substitute care, if all parties agree.

### o **What stress or tensions exist within the family that might affect the visit?**

If other members of the child's "family" will be included in the visits, the worker must consider the family dynamic and its impact on the visit. The visit might require supervision or a neutral location to minimize conflict that might occur. However, family members present at parent-child visits should support the parents' and child's interaction, not serve to distract the parents or child.

## **Parents' Considerations**

**Parents' Progress<sup>3</sup>:** In cases where the child is to be returned home, family reunification will depend on the parents' ability to modify the behavior that led to or now requires the child's placement. Visiting plans should be developed based on the parents' current behavior and designed to support their efforts at change.

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3

Peg Hess, "Case and Context: Determinants of Planned Visit Frequency in Foster Family Care," *Child Welfare*, July-August, 1988, p. 317.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

Modification of plans may be based on the progress of the parent in making those changes. Even for the child who is not going to return home, the parents' behavior will influence the visiting plan.

o **What parental behaviors led to or currently require the child's placement?**

The nature of the visiting plan, including frequency and location, will vary depending on whether the child was placed because of neglect, physical abuse, sexual abuse, lockout, or lack of supervision, for example.

o **What is each parent's current behavior and how might this affect the child during a visit?**

The parents' behavior and its effect on the child can help determine the visit frequency, need for supervision, or other visit arrangements. The plan should be reevaluated as the parents' behavior changes or as the case progresses. For example, for children who are to return home, parents' behavior changes can suggest that supervised visits move toward less supervision or that visits can increase in frequency. Or, for example, reasonable restrictions in a sexual abuse case might be inappropriate if applied in a medical neglect case.

**Parents' Participation:** Parents' abilities, past behaviors during visits, and their cooperation with visiting plans and conditions can influence visit planning.

o **What is each parent's skill level or developmental stage?**

The frequency, length, location, and supervision requirements of visits may be guided by the parents' skill levels or developmental stages. For example, a parent may still be developing certain parenting skills which require that the visit be supervised, but a longer visit might be helpful to allow the parent time to practice those skills. Similarly, the parents' tolerance for coping with their child's behavior might only allow for shorter visits. Or, the parents' skill level may require supervision that provides therapeutic intervention (see p. 12). As the parents' skill level changes, the plan may have to be reevaluated.

o **What factors might impact each parent's ability to participate in visits?**

The location, frequency, or length of visits should be sensitive to the needs of parents with disabilities. Similarly, visiting plans should consider the needs of parents who are limited/non-English speaking, including the use of bilingual staff or interpreters. In other cases, a parent's mental illness may impact the visits and the visiting plan may have to accommodate this.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

o **Are there past behaviors that should influence the visiting plan?**

For example, behaviors in previous visits that could have harmed the child can influence the frequency, duration, location, supervision, and other visit arrangements, and the plan may have to include specific prohibition of those behaviors. Additional intervention may be needed to help the parent overcome problematic behavior. Alternatively, parents may be progressing rapidly. For example, if a parent has dramatically improved their parenting skills, increased frequency, less supervision, or use of the parents' home for visits may be warranted, especially if the plan is to return the child home.

o **Is a parent not cooperating with a visiting plan?**

The non-cooperation may include a range of things, including failing to show up or showing up intoxicated. Explore the reasons behind the behavior and work to overcome any barriers that might exist. Alternatively, steps can be taken to make the plan workable: for example, if parents cannot attend scheduled visits, a more convenient time or location should be explored. If a parents fail to provide advance notice of cancellation of a visit, they might be asked to confirm visits a day in advance.

o **Who might the parents wish to bring to the visit for support?**

If parents, for their own support, wish to bring family members or others to the visit, the worker should consider the role these others may play in the parents' and child's lives. In addition, the worker should ensure that the family members are supporting the parent-child interaction. Participants who distract the parents so that they do not focus on the child may limit the quality of the visit. However, siblings should not necessarily be excluded solely because they may distract the parent from the child; the sibling relationship and family interaction is important to maintain.

**Parents' Requests:** Parents should be actively involved in developing the visiting plan. If they make specific requests, workers should explore the reasons behind the requests. To the extent possible, reasonable parental requests should be honored.

o **What is the reason behind the request?**

As when children make a request, the parent might have a specific issue or concern that is implicit in the request. By finding out what motivated the request, the worker can address the underlying concern.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

### **o What are each parent's expectations and perceptions?**

This would include an evaluation of the parents' expectations and perceptions of the child, the parent-child relationship, their own role, etc. The location, frequency, supervision, and length of visits may be guided by such an evaluation.

**Parents' Reaction:** Because visits may be stressful for parents as well as children, visiting arrangements should be sensitive to parents. Strong reactions that could affect the child or the parent-child relationship need to be explored. The issues that surface might then influence the visiting plan.

### **o What is each parent's reaction to the visit and what seem to be the underlying reasons? What impact does the reaction have on the child?**

Depending on the reaction, the underlying reasons, and the impact on the child, the visiting arrangements might need to be modified. For example, the parent of a child who is to return home might have responded enthusiastically to visits and worked very hard to improve parenting skills. The frequency, length, or location of visits might need to be modified so that the parent can practice these new skills.

**Parents' Schedules:** Again, parents should be actively involved in developing the visiting plans, and the plans should reasonably try to accommodate the parents' needs. Additionally, assistance should be provided to the parent to overcome barriers that might prevent the visit.

### **o What, if any, barriers does each parent face in visiting the child in placement?**

Assistance in overcoming the identified barriers should be provided to the extent possible. For example, assistance in providing transportation or scheduling visits during evening hours when the parents are not working does help facilitate visits.

### **Substitute Caregivers' Considerations**

The role caregivers can play in facilitating visits can vary. At a minimum they should prepare the child for the visit and accommodate the visiting plan. Where possible, foster parents should be encouraged to play a constructive role in facilitating visits.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

**Foster Parents' Resources:** Foster parents may receive different degrees of support, have varying ability and skills to support visits, and differ in their willingness to facilitate visits.

o **Do the foster parents have the skills to provide additional support for visits?**

The foster parents may be well equipped to teach or demonstrate parenting skills, provide appropriate supervision, or provide other support during visits. Foster parents who are willing to use these skills are a tremendous resource for visits. Their support can help shape the arrangements included in the plan.

o **What role do the foster parents want to play?**

Foster parents may wish to take an active role and so may agree to assist with transportation or to host visits, especially sibling visits, in their home. Again, this contribution will be factored in the visiting plan. The impact of visits on other children in the home should be included in the assessment of the foster parent's role.

**Relative Caregivers' Considerations:** The visiting arrangements for a child placed in a relative's home are likely to be less formal than if the child is placed with non-relatives. Visits might occur more frequently, especially between siblings who are placed among related caregivers, less systematically and without the worker's involvement. The formal structure imposed by visiting plans might be seen as alien, but some planning will certainly be needed.

o **What is the reason for the parents' visit to the relative's home?**

To meet their own needs, biological parents often visit members of their extended family who reside in the relative caregiver's home. In these visits the parent may not be directly relating to their children, except in a very general sense. At other times the parents may visit specifically to see their child. In all, the parent may be in the caregiver's home from daily to infrequently. Only visits with the intended purpose of interaction between the parents and their child should be considered as parent-child visits.

o **What is the relationship between the relative caregiver and the natural parents?**

When the relationship between parents and caregiver is positive, the visiting pattern may have less structure, with open, unobstructed parent-child contact. In visits of this type, the date, time and length of visit may be less formally defined.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

When the relationship is strained but mutual goals are understood and accepted, visits will require more structure as to date, time, and length. This type of visit may occur when visits by the parent have been infrequent in the past and consistent follow through is needed.

When the relationship is characterized by mistrust, the caregiver may not be comfortable having the parent in the home in an open-ended, unconstricted manner. Visits may still remain in the caregiver's home but with added supervision by another relative or an agency staff person. In some situations, the visits will need to be arranged outside the caregiver's home. In some conflictual situations the parents' behavior may present an unsafe situation for the child and/or caregiver. These visits will need close supervision.

### **Logistical and Resource Considerations**

While an ideal visiting plan will be based on a comprehensive evaluation of the specifics of the individual case, in reality, planning for visits is limited by time constraints, difficulty in coordinating schedules, lack of transportation, individual parent or child requests, etc. In developing visiting plans, these constraints and limitations must be considered but without unduly restricting the parents' and children's right to visit.

### **What constraints preclude the visiting plan from fully reflecting the overall service needs of the child and/or parent?**

The barriers must be identified before they can be addressed (individually or systemically). In addition, it should be clear what impact the constraints have so that their influence can be considered as visits are evaluated.

#### **o What barriers can be addressed and what is the priority?**

Visiting plans that accommodate the priorities for meeting service needs may reasonably limit other accommodations. For example, ensuring that visits occur frequently may be essential for some children in placement. If those visits must be supervised, the worker may not be able to provide that supervision alone. Because frequency is a priority for these visits, the worker, parents, and foster parents may agree that the visits will be in the foster parents' home. Thus, at least for a time, visit location will be set to accommodate more frequent visits.

**Evaluation:** Visit planning is a continuous process, with visiting plans requiring modification as a case matures and the various considerations change. Key to ensuring that the evaluation is complete is recording the details of visits as they occur.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

From this record and other information, the worker can evaluate the visits in the context of the case and use the evaluation to further inform subsequent planning.

Records of family-child visits should include:

- date of visit;
- location;
- if visit did not occur, reason;
- length of visit;
- persons present;
- whether supervised, and if so, by whom;
- if visit terminated before planned time, reason;
- if visit supervised, narrative description of visit, including purpose of visit, observation notes, and comments;
- confirmation of the date, time, and location of the next visit.



# PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

## APPENDIX C

### Sibling Placement and Visitation Special Considerations

#### Importance of Sibling Relationships

Siblings as defined by the Department mean children in the custody or guardianship of the Department who have a shared biological or adoptive parent. The Department recognizes the importance of maintaining sibling relationships in those situations when children must be placed away from their parents. For many children separation from their siblings may cause stress, separation anxiety and loss comparable to that caused by separation from parents. In families where parental functioning has broken down, siblings often compensate by relying on one another, meeting each other's dependency needs and providing emotional support. Sometimes, a child's principal attachment can be to an older sibling, who has assumed the role of the absent or neglectful parent. The older sibling, in turn, has developed not only a strong nurturing relationship with the younger brother or sister, but derives a sense of his or her own identity from the power and status inherent in the role. Separation can be stressful for both. When placed together or, at the minimum, allowed frequent contact, siblings can provide at least one predictable element in a stressful situation, as well as providing an important link with the past.

In order to preserve and strengthen sibling relationships, the Department employs a two fold strategy. In order of priority, that strategy is:

- I. Placing siblings together when more than one member of a sibling group must be placed in substitute care or working toward the reunification into the same placement for siblings who have initially been placed apart.
- II. Vigorously encouraging and promoting visitation and contact among siblings who are placed apart from one another.

#### I. PLACEMENT

##### A. Placing Siblings Together

When a sibling group must be removed from their home, the Department will do everything in its power to place the children in the same substitute care setting. **Rule and Procedure Section 301.70, Sibling Placement**, describes what efforts the Department will take to find a joint placement for siblings.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

### **B. Permanency Planning**

When selecting a permanency goal or option for a child, the selection must take into account the child's relationship with his or her brothers and sisters. When the permanency goal is adoption or permanent family placement, a placement that would include the entire sibling group in Department custody must be diligently sought and given preference, unless it can be clearly shown that it is in the child's best interests not to be placed with his or her siblings.

**Rule Section 301.70(a) and (b)** describes circumstances under which a child may be placed apart from his or siblings. Those circumstances included the inability to find a joint placement despite a diligent search for one, a court order requiring separate placements, and the best interests of the child require a placement apart from his or her siblings. Of the circumstances listed it is "best interests" that will be the most difficult for the worker to assess. The following are intended as guidelines to help the worker make the decision as to when it is in the best interests of a child to be placed apart from his or her siblings.

### **C. Placing Siblings Apart**

#### **Best Interests**

Rule Section 301.70(b) lists five circumstances under which it shall be in the best interests of the child to be placed apart from siblings;

#### **1) Short-term diagnostic placement**

Per the B.H. Consent Decree short-term diagnostic placements shall be limited to 30 days after the time period deemed clinically necessary to complete the appropriate diagnostic evaluation or treatment, and in no event shall last more than 90 days. Based on the evaluation, the worker shall make the decision whether to seek placement for the child with the other siblings in placement or to place the child in another setting.

#### **2) Special medical, educational, behavioral, or emotional needs**

In determining whether the child has special medical, educational, behavioral or emotional needs requiring placement apart from his or her siblings, the worker shall rely on:

- o the findings of the comprehensive assessment, including the social history, **the Health Passport**, and the special screens such as the

## PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

### **Education Assessment Guide, the Mental Health Screen, the Substance Abuse Screen; and**

- o the recommendations of other professionals in the fields of medicine, education, psychotherapy, and substance abuse who have had a prior history of involvement with the child or have examined the child recently to determine a treatment plan.

### **3) Risk of physical, mental, or emotional harm**

If risk of harm is the reason why the child must be placed apart from his or her siblings, the specific risk and the basis for assessing the risk must be documented in the case file. The **CFS 1440, Family Assessment Factor Worksheet**, or the **CFS 1440-1, Family Assessment Factor Worksheet Summary**, may be used as documentation. If the risk to the child ceases to exist and there are no other reasons why a separate placement is in the child's best interests, a diligent search per **Rule** and **Procedures 301.70** shall be made to find a joint placement for the child and his or siblings.

### **4) Removal from current foster home contrary to best interests**

When weighing whether or not it is in the child's best interests to remain in a current foster home rather than moved to a joint placement with his or her siblings, the child's worker should take into consideration factors such as:

- a) The length of time the child has been in the foster home;
- b) The attachment and bonding established between the child and foster parents;
- c) The likelihood that the child will be adopted by the foster parents;
- d) The strength of the relationship between the child and his or her siblings. Is there a large age difference between the child and the other siblings? Has the child actually had very little or no contact with his or her siblings over the course of their lives? This might be especially true of a very young child with older siblings or an older child with very young siblings;
- e) The wishes of the child. The child, especially a child seven years of age or older, should be consulted in a placement requiring a change from a placement to which the child has grown accustomed. In addition to

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

separation from the current foster family, the change may necessitate removal from friends, school, and other social and community attachments the child may have formed. Care must be taken to ascertain the true feelings of children to be sure they are not merely expressing what they think those with power over them want to hear. In these instances, indirect evidence may be of help to the worker, for example, the child may have shown indifference or resistance to visiting with or contacting siblings in the past or the child's expressed plan for the future may include persons he or she has grown accustomed to in the placement.

- f) The child may have special needs that are being met in the current foster home and cannot easily be met in another placement. These needs could include special health care or developmental needs for which the foster parents have been specially trained, special communication needs, such as sign language for a deaf child, or other supports that the current foster parents are uniquely equipped to provide.

### **5) To achieve permanency for the child**

Per **Rule 301.70(b)(5)** it is in the best interests of the child to be placed apart from siblings in order to achieve permanency for the child. There are many factors the worker must consider before recommending that the child's permanency plan shall be achieved independently of his or her siblings.

### **Adoption or Permanent Family Placement**

When the goals of adoption or permanent family placement are established, some of the same considerations as described above in Paragraphs one through four may be used to demonstrate best interests for selecting the goal. Some other reasons may include:

- o termination of parental rights is achievable for one or more of the children in a sibling group, but not all. This occurs primarily in those instances when the siblings have only one common parent and termination of parental rights or surrenders can be obtained from both parents for one child but not for the others.
- o a relative will accept the child(ren) related to the relative, but not siblings who are unrelated. This may occur in those situations where the children have one parent in common, but not both.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

### **Long Term Care in a Residential Facility**

When a child has special needs that can only be met in a long term residential facility, the worker has little choice but to place the child apart from his or her siblings. In these instances every effort shall be made to encourage visitation and contact between the children in accordance with Department policy contained in **Rule and Procedure 301.230 and Appendixes A, B and C of Procedures 301.**

### **Independence**

When Independence is the goal for a child, again the worker has little choice but to separate siblings, unless more than one of the siblings has a goal of independence and they wish to share living arrangements. A visitation and contact plan between the child in independent living and his or her siblings shall be established per **Procedures 301.230.**

### **D. Helping Siblings Deal With Separation**

When siblings must be placed apart, the worker must be sensitive to the effects of separation on the sibling group. Separation of a child from his or her brothers and sisters can be traumatic. Some techniques the worker can use are:

- o Depending on their age, involve the siblings in the decision for placement. Talk with the sibling group about the placement of one or more of their members and elicit their ideas and feelings. Deal with any guilt feelings siblings might have, if they think they are responsible or could have prevented the placement. They may think the placement is a punishment.
- o Listen carefully to the anxieties and fears of sibling members regarding the placement of one of their members.
- o Help the siblings recognize and label feelings they are experiencing such as anger, love, confusion, jealousy, sadness, etc.
- o Discuss how each child might function without the other. If one child provides a unique role or meets a particular need for another or for the group, how will that need now be met?
- o Review previous separations. How did they handle those? Reinforce appropriate coping mechanisms they may have used in those situations.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

- o If possible and with the permission of the new caregiver, allow the siblings to see where the child(ren) to be separated will be placed or at least give them a description of the new placement. This will help dispel any misconceptions and any fears they may have regarding where their brother(s) or sister(s) is going.
- o Discuss the visitation and contact plan with the children. See **Rule and Procedures 301.220 and 230**. The knowledge that they will still be able to see and contact each other may be of considerable help in easing their anxiety and sense of loss.

In addition to the above techniques more guidelines for helping children deal with the effects of separation and loss can be found in **Procedures 300, Appendix F, Casework Responsibilities in Minimizing the Effects of Separation and Loss in Substitute Care**.

## **II. VISITATION AND CONTACT**

**Appendix A** of these procedures, **Family Visit Planning, Critical Decisions and Documentation Protocol**, deals primarily with decisions which affect the Visiting Plan and documentation. **Appendix B, Family Visit Planning, Guide to Practice**, presents practice guidelines for workers to follow when planning visits. Both Appendixes are written from the perspective of Family Visiting in which parent/child and sibling visitation are combined. This would most often be the case when the permanency goal is "return home". While Appendixes B and C are to be followed when establishing a visitation plan for siblings, sibling visitation, especially when the permanency goal is other than return home, presents unique problems and challenges for the worker.

Many of the problems are logistical in nature, especially when a sibling group is separated into multiple placements. The problems include:

- o **Transportation**
- o **Location of visits**
- o **Structure of visits**
- o **Frequency of visits**
- o **Length of visits**
- o **Unexpected scheduling changes**

## PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

### **o Supervision**

Other issues that may have to be dealt with include behavioral, developmental, emotional, psychological, and sometimes physical factors. They may include:

- o Resistance to visitation on the part of any one of the parties involved, including siblings, parents, foster parents or relative caregivers, other caregivers;**
- o Behavioral problem on the part of one or more of the siblings that may be disruptive to the visitation;**
- o The need for meaningful interaction during visits;**
- o Significant age differences between siblings;**
- o Developmental disability of one or more of the siblings that may pose a perceived impediment to the visit;**

The problems and issues described above are solvable. However, the process might often be difficult and time consuming, testing the patience of the most experienced workers. **The most effective way to avoid the problems and difficulties of visitation is to ensure that siblings are placed together, unless it is in their best interests to be placed apart.** Using **Rule and Procedure 301.70, Sibling Placement**, as a guide, workers should exhaust all the means at the Department's disposal to find joint placements for sibling groups.

### **Strategies to Meet the Challenges of Sibling Visitation**

#### **Involving Siblings in the Planning Process**

The child's involvement in the visit planning process shall be actively solicited and encouraged by the Department. Involvement shall be sought concerning the initial visit, the development of the ongoing plan, supervision, transportation and the formulation of any modifications to a plan. The child and siblings' convenience regarding timing and location of visits must be taken into account, as well as their views of how the visits should be set up, what occurs during the visits, and what other persons might be involved. Transportation needs for visits should also be specified and addressed. Any concerns the worker has regarding the visits and supervision requirements should be discussed as well. If necessary, the worker shall arrange to meet with the siblings to discuss the visiting plan and finalize any details. A copy of the plan or any modifications to it shall be forwarded to the foster parents or other caretakers of all the children involved. Other persons critical to the implementation of a plan, such as foster

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

parents or residential care providers, shall be consulted during the planning process at the individual conditions of a case make it appropriate.

### **Use of Mediation**

When conflicts or misunderstandings arise between siblings' caregivers with regard to the frequency, length, and manner of sibling visitation and workers are unable to resolve such conflicts, they should explore the use of mediation.

### **Selecting the Placement**

#### **Close Proximity**

When children must be placed apart from their siblings, many of the problems cited above can more easily be solved if siblings are placed in close proximity to one another. Close proximity promotes more frequent, informal, and natural contact between the siblings. Problems such as distance, travel, location, structure, frequency and length of visitation can become almost non-existent, when children are able to see each other on, in some instances, a daily basis. Factors which contribute to such contact include:

- o same school**
- o same church**
- o same neighborhood (city), or town (rural)**
- o shared youth activities and organizations** such as Scouting, YMCA, YWCA, Boys Clubs, 4-H, and the many sport organizations available to children, such as Little League, soccer leagues, etc. (Some fees for these activities may be payable by the Department - See **Procedures 359.7**)
- o music, dance, other artistic lessons** (Some lessons may be payable by the Department - See **Procedures 359.7**)
- o community activities** that bring families and children together. There are many community organizations, public and private, which promote the well being of the local community. Sources of information about such groups include United Way and the Department's own Division of Youth and Community Services.



## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

### **Relative Placements**

Siblings, who are placed apart from one another, are more likely to have frequent contact with one another if they have been placed among relatives. (Placing a sibling group, who cannot be placed together, with foster parents related to one another, if that possibility exists, might also be an effective strategy.)

Family members generally tend to meet frequently on an informal basis - family dinners, birthday parties, cookouts, fishing trips, baby sitting, and just visiting. While no studies exist on sibling visitation frequency, studies have shown that parents were more likely to visit a child placed with relatives, and children were more likely to maintain telephone contact when living with relatives. It is logical to assume that the same benefits hold true for sibling visitation and contact.

### **Logistical Problems**

#### **1) Transportation**

There are many ways transportation for sibling visitation can be arranged:

- o Parents may provide transportation if they have the means, sibling visitation is being combined with parental visitation, and the visits are not required to be supervised;
- o Foster parents or relative caregivers may provide the transportation;
- o Volunteers, friends of the family, relatives (non-caregivers)
- o Homemakers (through homemaker contracts that include transportation for visitation as an element of the contract)
- o Public transportation

#### **2) Location and Structure of Visits**

Some of the considerations that relate to location of the visit are discussed in **Appendix B, Family Visit Planning - Guide to Practice**. Included in that discussion are Children's Considerations, Parent's Considerations, Substitute Caregivers' Consideration, and Relative Caregivers' Considerations.

## PLACEMENT AND VISITATION SERVICES

December 1, 1996 - P.T. 96.24

For siblings whose permanency goal is return home visits in the parent's home may be the most appropriate location unless there are circumstances to the contrary. When visits in the parent's home are not appropriate or when the permanency goal is other than return home, visits may take place in the homes of the foster parents or relative caregiver provided they have the resources and are willing to host the visits or in a visiting center which has a contract with the Department. For a child in residential placements, the visits may have to take place at the facility, if the child is unable to leave the facility because of physical or other problems.

Visits may also be arranged in locations that provide recreation and entertainment opportunities for the siblings to share; e.g. sporting events, parks, zoos, restaurants, amusement parks, etc. In these situations, depending on their age and developmental stage, time should always be allowed for them to interact in meaningful ways and not just be engaged in parallel activities with no interaction among themselves.

The involvement of the siblings themselves in the planning process is especially appropriate in relation to the location and structure of the visit. Regardless of where the visits are to take place, the goal of the visitation is to maintain and strengthen sibling ties and provide meaningful interaction and mutual satisfaction.

### 3) **Frequency and Length of Visits**

It is Department policy that siblings who are placed apart be given the opportunity to visit at least **twice per month** unless reasons for less frequent visiting exists as described in **Rule Section 301.220 (a) through (b)**. Visits should be at least **two hours** long.

The standards for frequency and length are minimal standards. If the guidelines outlined above regarding placement selection (proximity and relative placement) and location and structure are followed, siblings will have the opportunity for more frequent and longer contact.

### 4) **Scheduling Changes**

From time to time unforeseen events will cause cancellation of scheduled visits between siblings. These may be due to the siblings themselves, the foster or relative caregiver, the person providing transportation or supervision, or to the parent(s), when sibling visits are being coordinated with parental visitation.

## **PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

When cancellations occur, the visit shall be rescheduled for the earliest possible opportunity. Failure of the parent to visit shall not be cause for canceling sibling visits. If the inability of the parent to visit also affects the ability of the siblings to visit, a visit between the siblings shall be arranged for the earliest opportunity.

Children should be helped to cope with any disappointments they may experience due to the cancellation of the visit and reassured that the visit will be rescheduled.

The worker should examine the reasons for the cancellation to determine whether they are a one time occurrence or could present ongoing problems. If so the visiting plan shall be reevaluated and modifications made to avoid similar problems in the future.

### **5) Supervision**

Sibling visits are to be supervised when:

- a) one sibling may physically, mentally, or emotionally harm another during the visit as determined by prior observation or documentation of their interaction;
- b) the children are too young to be left unsupervised;
- c) the purpose of the visit is to assess the interaction between the siblings; or
- d) a court has ordered that visits be supervised.

**PLACEMENT AND VISITATION SERVICES**

**December 1, 1996 - P.T. 96.24**

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## PLACEMENT AND VISITATION SERVICES

June 1, 1998 – P.T. 98.9

### APPENDIX D UNRELATED, UNLICENSED HOMES

#### A. DEFINITIONS

"Court-ordered placements" means that a judge has ordered the child's placement with a specific person or in a specific place.

*"Relative", for purposes of placement of children for whom the Department is legally responsible, means any person, 21 years of age or over, other than the parent, who:*

- is currently related to the child in any of the following ways by blood or adoption: grandparent, sibling, great-grandparent, uncle, aunt, nephew, niece, first cousin, great-uncle, or great-aunt, or*
- is the spouse of such a relative, or*
- is the child's step-father, step-mother, or adult step-brother or step-sister.*

*Relative also includes a person related in any of the foregoing ways to a sibling of a child, even though the person is not related to the child, when the child and its sibling are placed together with that person. [20 ILCS 50517(b)] (from 89 III. Adm. Code 301, Placement and Visitation Services)*

"Unrelated, unlicensed placement" means the placement of a child under age 18 for whom DCFS is legally responsible with a person who is not a licensed foster parent and who is not a relative of the child, as defined above. This includes persons who were never licensed as foster parents and persons who once held a foster family home license but the license was revoked, the Department refused to renew the license, or the license expired and the foster family did not file a timely, complete application for license renewal.

#### B. GENERAL REQUIREMENTS

##### 1. Removing Unrelated Children Under Age 18 from Unlicensed Homes

It is against Department policy to place children under age 18 in homes that are not licensed if the children are not related to the caregivers, as a relative is defined in 89 III. Adm. Code 301, Placement and Visitation Services (repeated above). Any child under age 18 who is placed in an unlicensed home must be removed from that home unless the child is related to the caregiver, as defined above, or unless the home can be licensed within 30 days. All such removals shall follow DCFS policy and procedures, including providing the **CFS 151-A, Notice of Decision to Remove Unrelated Children**.

## **PLACEMENT AND VISITATION SERVICES**

**June 1, 1998 – P.T. 98.9**

When an unrelated child is removed from an unlicensed home, casework staff shall follow the guidelines set forth in Procedures 300, Appendix F - "*Casework Responsibilities in Minimizing the Effects of Separation and Loss in Substitute Care*" to ease the transition for the child. This shall include an assessment of any language or communication needs that must be considered when locating another placement for the child.

### **2. Requirements for Staffings**

The 30 day staffings required in these procedures shall include:

- the caseworker,
- the casework supervisor,
- the appropriate licensing worker, and
- the foster parent(s), whenever possible.

### **3. Consequences of Placing Children in Unlicensed Foster Homes or Leaving Children in Foster Homes When the License Has Expired**

DCFS workers who place children in unlicensed homes where the caregivers are not related to the child or who leave children in foster homes when the license has expired will be subject to progressive disciplinary action, up to and including discharge. (Note: This applies to supervisors, as well, if the supervisor was involved in or approved the unlicensed placement.) If the worker or supervisor notified the DCFS regional counsel of the court ordered placement as required in item 4 below, no disciplinary action will result from the placement.

If private agency staff place children in unlicensed homes where the caregivers are not related to the child or who leave children in foster homes when the license has expired, the matter will be noted, tracked, and handled through the performance contracting and Agency Performance Team monitoring processes. If an agency's performance in this area deviates from the norm significantly, the Department may require a corrective plan and/or place a "hold" on future referrals to the agency. If the private agency worker or supervisor notified the DCFS regional counsel of the court ordered placement as required in item 4 below, the placement will not be considered in determining whether the agency has deviated from the norm.

### **4. Court Ordered Placements**

If the placement was court-ordered, the placing worker shall notify the DCFS regional counsel so that legal staff can move to vacate the order. Such notification shall be documented in writing in the case file.

## PLACEMENT AND VISITATION SERVICES

June 1, 1998 – P.T. 98.9

### C. PROCESS FOR RESOLVING PLACEMENTS OF UNRELATED CHILDREN IN HOMES THAT ARE UNLICENSED AT TIME OF PLACEMENT

The following process applies in situations where the unrelated child was placed in a home that *was not licensed at the time the placement was made*.

#### 1. Notification of Caregiver

**Immediately upon receiving a report that an unrelated child has been placed in an unlicensed home**, the Central Payment (CPU – formerly the Home of Relative Payment Unit or HPU) shall immediately send to the unlicensed caregiver a letter which spells out the consequences if the caregiver fails to become licensed within 30 day. The CPU shall send a copy of the cover letter to the caseworker for each unrelated child in the home.

The CPU shall determine if the unlicensed caregiver has already filed an application for a foster family home license. If the unlicensed caregiver has not already filed an application for a foster family home licensed, the CPU shall include with the letter to the caregiver, an application packet for a foster family home license.

#### 2. Notification to Caseworker

Each month, the Information Services Division shall send to Department and private agency caseworkers an **“Unrelated/Unlicensed Monitoring Report”** which shows, among other things, the child(ren) who were placed in unlicensed homes during the previous month where the caregivers are not related to the child. (Note: this report has been in production since February, 1998.)

**Immediately upon receiving the report**, the caseworker for each unrelated child shall notify his/her supervisor of each child in an unrelated, unlicensed placement.

#### 3. Staffing

Within **two business days after receiving the report**, the child’s caseworker and the casework supervisor shall hold a staffing with the appropriate licensing worker to:

- determine if it is appropriate and achievable to get the home licensed **within 30 days after the date on which the caseworker received the report** (if this date is later than the date on the notification to the caregiver, the date on which the caseworker received the report takes precedence); and/or

## **PLACEMENT AND VISITATION SERVICES**

**June 1, 1998 – P.T. 98.9**

- make plans to move the unrelated child from the home if licensure within 30 days is not appropriate or achievable.

Whenever possible, the child's caregiver should attend the staffing.

The caseworker shall note in the child's case record:

- Date and time the staffing was held
- Name(s) of child(ren) discussed
- Names and titles of persons attending
- Details of the plan to license the home (if applicable)
- Details of the plan to move the child(ren) if home is not licensed within 30 days
  - ▶ when
  - ▶ where
  - ▶ who will move the children
  - ▶ how to minimize any trauma to the child caused by the move

#### **4. Notify Regional Administrator of Plans**

Within **two business days after the staffing**, the casework supervisor shall notify the Regional Administrator of the decisions that were reached and the plans that were developed during the staffing.

#### **5. Court-Ordered Placements**

If the placement was court-ordered, the placing worker shall notify the DCFS regional counsel so that legal staff can move to vacate the order. Such notification shall be documented in the case file.

#### **6. No Additional Placements of Unrelated Children in the Home**

The caseworker, the casework supervisor, and all other appropriate staff (DCFS and private agency) shall ensure that no additional unrelated children are placed in the home until the home becomes licensed.

#### **7. Removal of Unrelated Children**

##### **A. Licensure Not Part of Plan -Notice to Caregiver of Intent to Remove Unrelated Child(ren)**

If the participants in the staffing determine that achieving licensure within the 30 days is not appropriate or achievable, the caseworker for the child



## **PLACEMENT AND VISITATION SERVICES**

**June 1, 1998 – P.T. 98.9**

shall send to the caregiver, **within two business days after the staffing**, a CFS 151-A, Notice of Decision to Remove Unrelated Children.

### **B. Licensure Part of Plan but License Not Issued Within 30 Days -Notice to Caregiver of Intent to Remove Unrelated Child{ren)**

If the participants in the staffing determine that achieving licensure within the 30 days is appropriate and achievable, but the home is not licensed within that time frame, the caseworker shall, on the **first business day following the 30th day (the licensing deadline)**, contact the licensing worker to determine if the caregiver has been licensed. If the caregiver is not licensed, the caseworker shall send to the caregiver, **within two business days after the deadline to get the home licensed** (i.e., the 30<sup>th</sup> day), a CFS 151-A, Notice of Decision to Remove Unrelated Children.

### **8. Requirements for CFS 151-A, Notice of Decision to Remove Unrelated Children**

The caseworker shall:

- Ensure that the removal date specified in the CFS 151-A is at least 14 days after the date of the notice; and
- Send the CFS 151-A at least 14 calendar days prior to the removal date specified in the notice.

The caseworker shall send a copy of the CFS 151-A to:

- ▶ the guardian ad litem;
- ▶ the child's attorney;
- ▶ the Administrative Hearings Unit; and
- ▶ the Regional Administrator.

## **D CAREGIVER FILES APPEAL OF REMOVAL OF UNRELATED CHILDREN**

### **1. Dismissal of Appeal**

If the Administrator of the Administrative Hearings Unit {AHU Administrator) determines that the home is unlicensed **and** that the caregiver is not related to the child under age 18, the AHU Administrator shall dismiss the appeal. The AHU Administrator shall, as quickly as possible, send a copy of the dismissal to the caseworker for each unrelated child under age 18 in the home.

Immediately upon receiving a copy of the dismissal, the caseworker for each unrelated child shall remove the unrelated child under age 18 from the home in accord with the plan developed during the previous staffing.

## **PLACEMENT AND VISITATION SERVICES**

**June 1, 1998 – P.T. 98.9**

### **2. Schedule Appeal Hearing**

If the AHU Administrator determines that the home is licensed **or** that the caregiver is related to the child(ren) under age 18, the AHU Administrator shall schedule the appeal hearing and inform the caregiver and the caseworker for each unrelated child under age 18 in the home that the appeal process shall go forward and that the child(ren) under age 18 shall remain in the home until the appeal process is completed.

## PLACEMENT AND VISITATION SERVICES

June 1, 1998 – P.T. 98.9

[Letter sent by CPU when a new placement of a child  
in an unlicensed, unrelated home is discovered]

Date: xxxxxxxx

Dear Caregiver:

Illinois law does not allow unlicensed caregivers to care for unrelated DCFS wards. Illinois law also permits only licensed foster homes to receive the full foster care payment rate.

To be eligible to continue to care for unrelated children under age 18 and to be paid at the foster care board rate, you must get a foster family home license within the next **30 days**.

You should contact your licensing worker or caseworker immediately to complete the licensing process. If you have not already filed an application for a foster family home license, an application packet, which includes all of the documents and forms which you must complete in order to apply for a license, are enclosed with this letter. Make sure that you follow the instructions, that you complete all of the forms, and that you provide all of the required information to your licensing worker or caseworker immediately.

You and all other adults (age 18 and above) living in your home must be fingerprinted so that the Department can conduct a comprehensive background check. If you were previously fingerprinted for purposes of licensing with DCFS and if your fingerprints are on file with the Illinois State Police, you will not need to be fingerprinted again. If you are not sure whether you need to be fingerprinted, call 217-1785-2688 immediately. Anyone who needs to be fingerprinted should call 1-800-377-2080 to make an appointment to be fingerprinted.

You and every person age 13 and above living in your home (except DCFS wards) must also complete an Authorization for Background Check form so that the Department can check the Illinois Child Abuse and Neglect Tracking System (CANTS) and the Illinois Sex Offender Registry. Make sure that everyone completes and signs the Authorization form.

Getting licensed depends on your working closely and cooperatively with your licensing worker to fulfill all requirements for licensure.

If you have questions regarding this notice and the application materials, please contact your licensing worker or caseworker for assistance.

**PLACEMENT AND VISITATION SERVICES**

**June 1, 1998 – P.T. 98.9**

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# PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

## APPENDIX E PLACEMENT CLEARANCE PROCESS

### I. INTRODUCTION

The **Placement Clearance Process** has been created to ensure that children are placed in homes that are safe and that protect their lives and health. The **Placement Clearance Process** establishes a central place where DCFS and private agency placement staff can obtain information about **unlicensed relatives** and **licensed foster homes**. Specific information that is available through the Placement Clearance Desk (PCD) is information about a foster home's license status, maximum license capacity, pending child abuse/neglect investigations, placement restrictions for children and youth who have behavior problems, and voluntary and involuntary placement holds.

Placement clearance from the Placement Clearance Desk is required before a child for whom the Department is legally responsible can be placed in a licensed foster home or in the unlicensed home of a relative. Placement clearance requirements also apply to respite placements in licensed foster homes, pre-placement visits, and the return of a child to a foster home after a stay outside the home that exceeds 24 hours.

The Placement Clearance Process does not supersede or replace any other requirements or processes relevant to selecting a placement and obtaining supervisory approval for the placement. (Workers can refer to 89 Ill. Adm. Code 301, Placement and Visitation Services)

**The DCFS or POS worker is responsible for determining that the best interests and special needs of the child are taken into consideration in the placement decision as required by Rules and Procedures 301.60 and 301.70.**

#### a) **How to Contact the Placement Clearance Desk**

The Placement Clearance Desk can be contacted by phone at:  
217/785-3202

Workers who encounter problems in attempting to contact the Placement Clearance Desk can contact the Call Floor Supervisor at 217/785-4020 or page the PCD supervisor at 1-800-602-8741.

**Placement checks will not be conducted and information will not be disclosed to any caller without a valid Worker ID#.**

**DCFS and POS workers shall not give the foster parent or relative caregiver the telephone number for the Placement Clearance Desk or the PCD worker's name.**

## PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

### b) Time Frame for Clearances

A clearance is valid for only 24 hours. A child cannot be placed in the foster or relative home if the clearance for the placement was granted more than 24 hours prior to the actual placement.

## II. PLACEMENT CLEARANCE PROCESS

### a) Required Prior Contact with Caregivers

#### 1) Licensed Foster Homes: Placement, Pre-placement Visitation, or Respite Care

- A) If the DCFS or purchase of service (POS) agency worker is employed by the same agency/region that supervises the foster home, the worker shall contact the foster parent before contacting the Placement Clearance Desk to complete the **CFS 2012, Pre-placement Questionnaire - Licensed Foster Homes and Unlicensed Relative Homes** (Attachment II). Completion of the CFS 2012 should be based on an on-site visit to the foster home. For purposes of these procedures, the private agency or DCFS region that monitors the foster home license is the “supervising agency or region.”
- B) If the DCFS or POS worker plans to place a child in a foster home that is **not supervised** by the same agency/region for which the DCFS or POS worker is an employee, the DCFS or POS worker shall contact the licensing worker for the foster home. The licensing worker is responsible for contacting the foster parent and completing the **CFS 2012, Pre-placement Questionnaire Licensed Foster Homes & Unlicensed Relative Homes** . To ensure that the home can meet the needs of the child, the **CFS 2012** is completed when the licensing worker and the placing worker conduct a joint site visit at the foster home. An authorized person from the supervising agency/region must notify PCD that they have approved the placement in the home. Authorized person includes the DCFS Regional Administrator, POS Executive Director or licensing representative or approved designee. The supervising agency or region can send the approval to the Placement Clearance Desk by fax 217/524-0359 or call the Placement Clearance Desk at 217/785-3202.
- C) Emergency/After Hours telephone numbers of DCFS regions and POS agencies can be obtained by calling the State Central Register at 217/785-4020.

## PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

- D) It is imperative for the worker completing the **CFS 2012, Pre-placement Questionnaire** to understand the needs of the child. If the placing worker is not completing the **CFS 2012, Pre-placement Questionnaire**, he or she shall provide the licensing worker responsible for contacting the foster parent(s) with sufficient information about the child so that a reasonable determination can be made of whether or not the home can meet the child's needs. The placing worker shall provide all pertinent case file information to the licensing worker prior to conducting the joint site visit to complete the CFS 2012.
- E) Upon being contacted, the Placement Clearance Desk will require the worker to provide information from the **CFS 2012, Pre-placement Questionnaire**. The completed **CFS 2012** shall be kept in the foster home file of the supervising agency or region. If the agency placing the child is not the supervising agency, the licensing worker sends a copy of the **CFS 2012** to the placing agency and it is filed in the child's case record.
- F) When a child has been out of the home for more than 24 hours, the Placement Clearance Desk must be contacted before the child returns to the home. Workers must review the previously completed **CFS 2012** with the provider to determine if there have been any significant changes in the home since the child's departure. If there have been no significant changes, the worker is not required to complete a new **CFS 2012, Preplacement Questionnaire**.
- G) If the interview with the foster parent results in a determination by the worker that the proposed placement would result in a violation of licensing standards and/or the conditions of a written supervision plan, the DCFS or POS worker shall find an alternative placement.

### 2) **Unlicensed Relative Homes: Placement and Pre-placement Visitation**

- A) "Relative", for purposes of placement of children, means any person, 21 years of age or over, other than the parent, who is related to the child in any of the following ways by blood or adoption:

Grandparent, sibling, great-grandparent, uncle, aunt, nephew, niece, first cousin, first cousin once removed (children of one's first cousin to oneself), second cousin (children of first cousins are second cousins to each other), great-uncle, or great-aunt, or is the spouse of such a relative, or is the child's step-father, step-mother, or adult step-brother or step-sister or godparent (as defined in Part 301.20). "Relative" also includes a person related in any of the foregoing ways

## PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

to a sibling of a child, even though the person is not related to the child when the child and his/her sibling are placed together with that person.

- B) If the DCFS or Purchase of Service (POS) agency worker plans to place a child in an unlicensed relative home, the worker shall contact the relative and complete the **CFS 2012, Pre-placement Questionnaire – Licensed Foster Homes & Unlicensed Relative Homes** (Attachment II) before contacting the Placement Clearance Desk. Upon contact, the Placement Clearance Desk will require the worker requesting placement authorization to provide information from the **CFS 2012**. The completed **CFS 2012, Pre-placement Questionnaire** shall be placed in the child's file.

The DCFS or POS worker shall also complete the **CFS 454, Placement Safety Checklist** and review the **CFS 458, Relative Caregiver Placement Agreement** with the relative.

- C) If the interview with the relative caregiver results in a determination by the worker that the proposed placement would violate the conditions of a written supervision plan or other protective plan or result in the caregiver caring for more children than allowed as outlined in Section V of this Appendix, the DCFS or POS worker shall find an alternative placement.

### 3) Self-Selected Placements

- A) When a youth, 18 years old or older, chooses to live with an unlicensed caregiver who is not related to the youth and placement clearance is requested, the DCFS or POS worker is required to:
- Conduct a safety check as described in Department Rules 301 Section 301.80, Relative Home Placement;
  - Obtain the names, Social Security numbers and dates of birth for all persons living in the home; and
  - Contact the Placement Clearance Desk at 217/785-3202.
- B) If the youth is living on his/her own without a caregiver, placement clearance requirements are not applicable. The Placement Clearance Desk will not issue an authorization and should not be contacted.



## PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

### 4) Out-of-State Placements

To obtain authorization from the Placement Clearance Desk to place an Illinois child in an out-of-state placement, the DCFS or POS worker must:

- A) Fax an approved **CFS 490, Interstate Compact Placement Request**, to the PCD.

The date the **CFS 490, Interstate Compact Placement Request** is signed by the receiving Interstate Compact Coordinator (or designee) is the approval date. The approval date shall be no more than six (6) months before the planned date of placement with the exception of a pre-adoptive placement. For pre-adoptive placements, the approval date shall be no more than one (1) year before the placement.

If the worker is unable to provide a copy of the **CFS 490**, PCD will need authorization from the Interstate Office documenting that the placement has been approved.

- B) Obtain the names, Social Security numbers and dates of birth for all persons living in the household; and
- C) Contact the Placement Clearance Desk at 217/785-3202 for placement clearance authorization.

For children who are being placed in Illinois by another state, workers should FAX their request for LEADS and CANTS checks to 217/557-2530. It is not necessary for workers to call the PCD regarding these cases.

<p><b>Out-of-state placements must adhere to the capacity limitations in Section V of this Appendix.</b></p>
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### b) Information Required by the Placement Clearance Desk

After the DCFS or POS worker has contacted the placement resource and has determined that the proposed placement would not violate the maximum number of children allowed or the conditions of a written supervision plan, the placing worker shall contact the PCD to secure clearance for the placement.

Staff of the Placement Clearance Desk will require the following information from the worker requesting placement authorization:

## **PLACEMENT AND VISITATION SERVICES**

July 24, 2006 - P.T. 2006.07

### **1) Names, Social Security Numbers and Birth Dates**

The PCD worker shall ask the DCFS or POS worker for the name and date of birth of each child to be placed and all other children already in the home. If the DCFS or POS worker does not have the date of birth for each child under 13 years of age, the worker shall give the PCD worker his/her best estimate of each child's age.

The PCD worker shall ask the DCFS or POS worker for the names, Social Security numbers and dates of birth for all individuals living in the home who are 13 years of age or older. This information is required in order to obtain the most accurate LEADS and CANTS results.

### **2) Specialized Needs**

Specialized needs refer to significant developmental, behavioral, or medical problems that require additional care or supervision from the caregiver(s). In determining the number of children with specialized needs in a home, biological, adopted, and/or foster children as well as those under guardianship of the caregiver are counted.

The PCD worker will ask if any of the children currently in the home or who will be placed in the home have specialized needs. The number of children permitted in the home will depend, in part, on the number of children with specialized needs. (See chart in Section V.)

Workers who have questions about a child's needs shall consult their supervisor or clinical staff in the child's region. PCD staff cannot make a determination about whether a child's needs are considered specialized.

### **3) Unrelated Children**

The PCD worker will require information from the worker regarding the number of unrelated children in a home to ensure that no more than three unrelated children are placed in the same foster home. The Placement Clearance Desk uses the following criteria to determine the number of unrelated children in a foster home:

- A) Sibling groups are counted as one, regardless of the number of siblings in the group.
- B) Although other members of the household (including adopted and biological relatives) under the age of 18 count toward a home's foster care capacity, they DO NOT count towards the number of three or more unrelated children.

## **PLACEMENT AND VISITATION SERVICES**

July 24, 2006 - P.T. 2006.07

- C) Children under subsidized guardianship DO count towards the number of three or more unrelated children.
- D) Any person 18 and over, including DCFS wards, DO NOT count toward the maximum capacity of three or more unrelated children.

Exceptions to this policy require the Director's waiver. Director's waivers are described in detail in Procedures 402.

### **4) License Status and Capacity**

For licensed foster homes, the PCD worker shall determine if the home holds a valid license, the license capacity and verify that licensing is aware of all household members 13 years of age or older. The PCD worker will deny the clearance if:

- A) a non-relative home is not currently licensed;
- B) the number of children under age 18 reported by the worker for a foster home exceeds the home's license capacity; or
- C) the age of the child(ren) to be placed is not within the age range approved on the home's license.
- D) the Central Office of Licensing has not completed background checks on all household members 13 years of age or older.

### **5) Law Enforcement Agency Data System (LEADS)**

#### **A) Relative, Self-Selected and Out-of- State Placements**

A LEADS check will be completed on all members of the household who are 13 years old or older. If the result of the LEADS check is a finding that a member of the household has a criminal conviction, adjudication or charges pending, the PCD worker will deny the placement clearance unless a waiver has been issued in accordance with **Appendix A of Part 301, Criminal Convictions which Prevent Placement of Relatives.**

If a member of the household has been convicted or adjudicated of one of the serious crimes identified by an asterisk (\*) in Appendix A of Part 301, the placement will not be approved without written waiver signed by the Director.

## **PLACEMENT AND VISITATION SERVICES**

July 24, 2006 - P.T. 2006.07

The supervisor of the worker placing the child can grant a waiver for the less serious crimes listed in Appendix A. The PCD will approve the placement upon receiving a written approval from the supervisor (via telefax at 217/524-0359).

If the caller plans to request a waiver for the placement, the PCD worker will provide the caller with a list of the household members' arrests, convictions/adjudications and pending criminal charges.

### **B) Licensed Foster Care Placements**

A LEADS check will be completed for all household members who are 13 years old or older. If the results of the LEADS check are a finding that a member of the household has been convicted of a crime or has charges pending since the license was issued, the PCD worker will notify the Licensing Unit. Depending on the seriousness of the crime, the Placement Clearance Desk may deny placement clearance authorization until Licensing has completed a review.

### **C) Placement of Children 13 Years Old or Older**

A LEADS check will be completed for children who are being placed when they are 13 years old or older. If the child has been adjudicated for or has charges pending which would bar placement if committed by an adult, PCD will not approve the placement without the written approval of the placing worker's supervisor. The supervisor's written approval must be submitted to the PCD. Written approval is not required if there are no other children in the home.

Any time adjudication is waived for a child 13 years old or older who is being placed, the child's worker is required to notify the foster parent of the charges or adjudication immediately. The worker is also required to notify caseworkers for other children placed in the home by the end of the next business day.

### **6) SACWIS/Child Abuse/Neglect Background Check (CANTS)**

The PCD worker shall check the SACWIS/CANTS system for all placements to determine if any member of the household or any child being placed in the foster or relative home who is 13 years old or older is alleged to be the perpetrator in a pending CA/N investigation or has previously been indicated in a report of abuse and/or neglect.

## PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

### A) **Pending CA/N Investigation**

If there is a pending CA/N investigation that identifies any member of the household age 13 or older as an alleged perpetrator, the Placement Clearance Desk will **deny the placement clearance**. If a member of the household is named in a pending investigation as a non-involved subject, placement clearance will only be approved with a statement from the DCP Supervisor confirming that this person has been identified as a non-involved subject and is unlikely to be indicated.

### B) **Child being placed**

If there is a pending CA/N investigation in which the child is alleged to be the perpetrator or the child being placed has previously been indicated in a CA/N report, PCD will deny the placement unless the placing worker's supervisor sends written approval of the placement (via telefax to 217/524-0359) to the Placement Clearance Desk. Written approval is not required if there are no other children in the home.

### C) **Indicated Reports of Child Abuse and Neglect**

If any member of the household who is 13 years old or older has been indicated as the perpetrator in a previous CA/N investigation, the PCD worker will **deny the placement**.

The Placement Clearance Desk shall provide the DCFS or POS worker:

- Date of the report of child abuse/neglect.
- Name(s) of person indicated for child abuse or neglect.
- Allegations for which the person was indicated.
- Names of victims.

### D) **Waivers**

An indicated finding against any person 13 years old or older requires the following before placement can be approved:

- For allegations with a 5-year retention, the placing worker's supervisor must send written approval of the placement (via telefax to 217/524-0359) to the Placement Clearance Desk.

## PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

- For allegations with a 20 or more year retention, the Regional Administrator or his designee must send written approval of the placement.

Anytime a waiver is granted for a member of the household who has been indicated for child abuse and/or neglect, the placing worker must immediately notify the foster parent of the indicated report and notify the caseworkers for any of the other foster children in the home by the end of the next business day.

### 7) Placement Clearance Database

A) The PCD worker shall check the Placement Clearance Database for “holds” and any placement restrictions on a written supervision plan:

- **Current “Hold”** - If there is a current “hold” on the relative or foster home, the PCD worker will **deny the placement clearance**.
- **Current Supervision Plan Allowing Additional Placements** - If there is a current supervision plan for a child in the home that allows additional placements, but the placement of these child(ren) would violate the conditions of the supervision plan (i.e., ages and gender of additional children), the PCD worker will **deny the clearance**.

B) The Placement Clearance Database will track the ages and gender of children who may be placed in the home when a supervision plan is in effect that does not prohibit all additional placements.

### 8) Other Documentation that the Placement Clearance Desk may Require:

The Placement Clearance Desk may require the worker to submit documentation before authorizing a placement when any of the following have occurred:

A) A change in license regarding the home’s capacity or the ages of children that can be placed in the home was recently recommended by the supervising agency and it is not yet reflected in the CYCIS database.

A copy of the Individual Licensing Summary (ILS) may be faxed to the PCD at 217/524-0359. The PCD supervisor may then approve a placement based on the receipt of an ILS that indicates that the placement would not exceed the license capacity.

## PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

- B) Required capacity waivers have been granted.
- C) A change has recently occurred in the number of children who are placed in the home and the change is not yet reflected in the CYCIS database or a child who was previously in the home had a supervision plan has moved or the child remains in the home but the supervision plan has been revised or discontinued and the change has not yet been reflected in the PCD database.

The worker must document in writing that a move has occurred which changes the current number or composition of children in the home and FAX the documentation to the PCD.

- D) A child is returning to a foster or relative home placement after a brief placement away from that home (i.e., psychiatric hospitalization, substance abuse treatment, CA/N investigation, etc.). If the home is over license capacity, the following applies.
  - i) Written verification is required that there have been no significant changes in the home composition or situation that would negatively impact the foster parent's ability to care for the child.
  - ii) If the child has been out of the home for **30 or fewer days**, written verification is required from the placing worker's supervisor.
  - iii) If the child has been out of the home for **more than 30 days**, written verification is required from the DCFS Regional Administrator for DCFS and POS Placements.

### c) Clearance Issued

If the placement complies with Department requirements, the PCD worker shall issue the DCFS or POS worker a Placement Clearance Confirmation Number, including the date and time of the clearance.

**The clearance is valid for up to 24 hours from the date and time it is issued by the PCD worker.**

**The 906 Payment Units will not enter a 906/906-1 for any child without a valid Placement Clearance Confirmation Number.** The Placement Clearance Confirmation Number, date and time shall be written under the eight-digit sequence number (Region/Site/Field number) on the **CFS 906/906-1**.

## **PLACEMENT AND VISITATION SERVICES**

July 24, 2006 - P.T. 2006.07

### **d) When Placement Clearance Authorization will be Denied**

The Placement Clearance Desk will deny a placement clearance under the following conditions:

- 1) The placing worker is not employed by the agency or DCFS region that supervises the home and the PCD has not received approval of the supervising agency in accordance with Section II a) 1) B) of this appendix.
- 2) The placing worker has not made prior contact with the foster parent or relative with whom the placement is being made.
- 3) The caregiver is not related to the child and the home does not hold a valid foster home license.
- 4) The proposed placement would result in having more than three unrelated foster children in the home.
- 5) There is an indicated child abuse or neglect report identifying:
  - A) the child being placed as the perpetrator; or
  - B) a member of the household as the perpetratorunless a waiver has been secured in accordance with Section II. b) 5. of this Appendix.
- 6) A check of the Law Enforcement Agency Data System (LEADS) reveals a criminal conviction or pending charge against a member of the household which is a bar to placement (unless a waiver has been secured in accordance with Section II. b). 6 of this appendix).
- 7) The home is involved in a pending CA/N investigation.
- 8) There is a voluntary or involuntary "hold" on the home.
- 9) The proposed placement would result in the home being out of compliance with Part 402, Licensing Standards for Foster Family Homes, Section 402.15, Number and Ages of Children Served or the home's license capacity.
- 10) The proposed placement would violate the conditions of a written supervision plan for a child/youth who has behavior problems.



## PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

When placement clearance is denied for any of the reasons listed above in d) 1) – 10), with the exception of 5) A), and there are other foster children in the home, the worker who requested placement clearance shall inform workers for all other foster children in the home of the reason for the denied clearance. The other children's worker(s) shall then determine if the children in the home should be removed.

### III. PLACEMENT CLEARANCE AGREEMENT

When the child is placed, (no longer than 24 hours after the Placement Clearance Desk has issued the clearance) the DCFS or POS worker and the foster parent or relative caregiver shall sign and date the **CFS 2010, Placement Clearance Agreement** or the **CFS 458, Relative Caregiver Placement Agreement**. The DCFS or POS worker shall include the **Placement Clearance Number** and the date and time of the placement on the form.

If a child is returning to a foster home following a brief period outside the home (30 days or less) and no significant changes have occurred in the home since the child's departure, completion of a new placement agreement is not required.

### IV. "HOLDS" ON FOSTER HOMES AND RELATIVE HOMES

When a "hold" is placed on a home, PCD will not approve placement in the home or will approve only the placements that meet the requirements of a written supervision plan. A "hold" may either be a voluntary (placed at the request of the foster parent or relative caregiver) or an involuntary "hold".

#### a) Persons Authorized to Place a "Hold" on a Home

Type of Home	Persons Authorized to Place a "Hold"
DCFS Foster Home (Individual home)	DCFS Director Deputy Director, Placement/Permanency or Designee Deputy Director, Field Operations or Designee Deputy Director, Clinical Services or Designee Deputy Director, Monitoring/Quality Assurance or Designee Associate Deputy Director, Clinical Division Regional Administrator or Designee * Sexual Abuse Program or Services Coordinator Licensing Administrator or designee Licensing Administrator for Background Checks Licensing Supervisors Foster Parent – through the Licensing Representative (Voluntary Hold)

## PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

Type of Home	Persons Authorized to Place a “Hold”
Private Agency Foster Home (individual home)	DCFS Director Deputy Director, Placement/Permanency or Designee Deputy Director, Field Operations or Designee Deputy Director, Clinical Services or Designee Deputy Director, Monitoring/Quality Assurance or Designee Associate Deputy Director, Clinical Division Regional Administrator/designee * Sexual Abuse Program or Services Coordinator Exec. Director of Supervising Child Welfare Agency or designee Licensing Administrator Licensing Supervisors Licensing Administrator for Background Checks Foster Parent – through the Licensing Representative (Voluntary Hold)
All Foster Homes Licensed Through/Supervised by a Specific Child Welfare Agency	DCFS Director Deputy Director, Placement/Permanency or Designee Deputy Director, Field Operations or Designee Deputy Director, Clinical Services or Designee Deputy Director, Monitoring/Quality Assurance Executive Director of Supervising Private Child Welfare Agency or Designee
Unlicensed Relative Home	DCFS Director Deputy Director, Placement/Permanency or Designee Deputy Director, Field Operations or Designee Deputy Director, Clinical Services or Designee Associate Deputy Director, Clinical Division Deputy Director, Monitoring/Quality Assurance or Designee Regional Administrator or Designee * Sexual Abuse Program or Services Coordinator

\* - If the foster home or relative is physically located in the Regional Administrator’s Region.

### b) Reasons for Placing a “Hold” on a Home

- 1) A voluntary “hold” may be placed on a home when the foster parent or relative determines it is not be in the best interest of the home to accept additional children for placement at the present time.
- 2) An involuntary “hold” may be placed on a relative or foster home for any number of reasons, including, but not limited to, the following:
  - A) An authorized person (see Section IV.a.) has determined that it would be unsafe to allow any or more children to be placed in the home or, due to the needs of the children currently in the home, it would be difficult for the caregiver(s) to meet the needs of any additional children.

## PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

- B) There is a pending licensing complaint investigation that involves health and safety issues and the Regional Administrator (or designee) or the Executive Director of the supervising child welfare agency (or designee) has placed a hold on future placements, and/or licensing enforcement action is in process (e.g., revocation, refusal to renew license, conditional license, protective or corrective action plan, or administrative order of closure).
- C) There is a written supervision plan in effect that stipulates no additional children should be placed in the home.
- D) There is a court order prohibiting placement in the home.

### c) **Referral of Home for a “Hold”**

When a person residing in the home is indicated for child abuse or neglect or whenever there is a licensing complaint investigation involving health and safety issues and/or licensing enforcement action is in process, the case manager or Licensing Representative shall request that the home be placed on “hold”. Requests shall be made to a person authorized to place a hold on a home (e.g. Regional Administrator). The authorized person shall determine whether the home should be prohibited from taking further placements.

### d) **How to Place an Involuntary “Hold”**

- 1) The Placement Clearance Desk shall not be responsible for applying a hold on a foster home or relative home unless the Placement Clearance Desk has received notice of the hold.
- 2) The person authorized to place a Hold shall notify the Placement Clearance Desk of the ‘hold’ via e-mail or telefax of the **CFS 2011, Placement Hold Request** (Attachment III).

E-mail (via Outlook) – Send to PCD Mailbox  
Fax – 217/524-0359

- 3) When an authorized DCFS person places a hold on a private agency supervised foster home or relative home, the person placing the hold shall notify the Executive Director or the licensing office of the supervising agency no later than the next business day after placing the hold. Initial notification by phone or e-mail must be followed by written notification addressed to the Executive Director or the foster care licensing office of the supervising agency.

## PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

### Notification When a Hold is Placed

- 1) **Foster Parent Notification** - When an involuntary hold has been placed on a foster home or relative home, the person who placed the hold shall send a written notice of the action to the foster parent(s) or relative(s) no later than the next business day after the hold has been placed. The notice shall indicate the reason for the hold. Placement holds cannot be appealed.
- 2) **Director's Hold** - When a foster parent is under criminal investigation for a crime which, if true, would jeopardize the health, safety or welfare of children to be placed in the home, the Director may place an involuntary hold on the home for up to 60 days without notice to the foster parent.
- 3) **Notification of Workers** - Whenever a hold is placed on a home, the supervising agency (DCFS or private child welfare agency) shall notify all workers of children placed in the home of the hold no later than the next business day after the hold has been placed. Initial notification by phone or e-mail shall be followed by written notice addressed to the Executive Director or the foster care licensing office of the supervising office.

### e) **How to Place a Voluntary "Hold"**

The authorized person shall e-mail to PCD Mailbox or fax (217-524-0359) or mail the request for a voluntary "hold" to the Placement Clearance Desk the request to:

Placement Clearance Desk  
D.C.F.S.  
406 E. Monroe St., Station #30  
Springfield, Illinois 62701-1498.

The request for the hold may be submitted on the **CFS 2011, Placement Hold Request**, or may be a written request that includes the following information:

- Name of home to be placed on hold.
- Current location (address) of home - street and city.
- Provider ID.
- Hold start date.
- Reason(s) for the hold.
- Name/phone number of authorized person.

## **PLACEMENT AND VISITATION SERVICES**

July 24, 2006 - P.T. 2006.07

### **f) Supervision Plans for Children and Youth who have Behavior Problems**

For children who have sexual behavior problems, the Sexual Abuse Services Coordinator shall notify the Placement Clearance Desk when a written supervision plan has placement restrictions regarding the ages / gender of children who can be placed in the home.

The notice shall be made by e-mail (PCD Mailbox) or Fax 217/524-0359 with a copy to forwarded to the Regional Administrator (or designee) for the region in which the home is located and shall contain the following information:

- Name, MARSCYSIS ID and birth date of the child who has a written supervision plan.
- Name of home.
- Current location (address) of home - street and city.
- Provider ID.
- Start date of placement restrictions.
- Gender & ages of children who may be placed in the home while plan is in place.
- Name/phone number of Sexual Abuse Services Coordinator.

The Sexual Abuse Services Coordinator shall notify the Placement Clearance Desk if the child moves from the foster or relative home or if the placement restrictions are modified or discontinued.

### **g) Removing a Hold**

- 1) A hold” on a foster or relative home must be removed as soon as the conditions that led to the “hold” no longer exist. Holds on foster or relative homes must be removed when:
  - a licensing investigation is completed and it is determined that there are no health or safety issues present in the home;
  - an authorized person has determined that there are no longer any issues which present any safety reasons to stop placement in the home;
  - a written supervision plan prohibiting additional placements is no longer in effect; or
  - the Director waives the presumption that an indicated CANTS report renders the home unsuitable.

## PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

- The criminal investigation that resulted in a Director's hold has been resolved and there are no longer concerns about the health, safety or welfare of children placed in the home.

A hold on a placement is not removed solely on the basis of the license being closed.

- 2) To remove a "hold" from the Placement Clearance Desk database, the person who placed the "hold" shall send the **CFS 2011 Placement Hold Request** that includes the Remove Hold information by e-mail notice via Outlook at PCD or fax to the Placement Clearance Desk at 217-524-0359.

### h) Listing of Foster or Relative Homes That Are on Hold

The Placement Clearance Desk maintains a hold listing that is available to DCFS and POS staff members who are authorized to place a hold on a foster or relative home.

Authorized individuals who do not have access to D-Net can contact PCD at 217 785-3202 and request a list.

## V. NUMBER AND AGES OF CHILDREN ALLOWED IN LICENSED FOSTER FAMILY HOMES AND UNLICENSED RELATIVE HOMES

### a) When No Child Requires Specialized Care

Number and Ages of Children Under Age 18 in a Foster Family Home and Unlicensed Relative Homes (includes family's own children under age 18)			
Ages of Children	Regular Foster Home License and Unlicensed Relative Home Number of Children	Expanded Capacity License <sup>1</sup> (Licensed Foster Homes Only) Number of Children <sup>2</sup>	Unlicensed Relative Care Requiring approval
Total number	6	8 <sup>1</sup>	6 <sup>2</sup>
Under age six	4 <sup>3</sup>	4 <sup>3</sup>	4 <sup>3</sup>
Under age two	2 <sup>4</sup>	2 <sup>4</sup>	2 <sup>4</sup>

- 1 Approved only to allow placements of sibling groups, foster children with children, respite care, and for purposes of adoption or Director's approval. To exceed eight children requires personal approval by the Director of DCFS.
- 2 May exceed six children (no more than eight) with the approval of the placing worker's supervisor. To exceed eight children requires personal approval by the Director of DCFS.
- 3 May exceed four children under age six in order to keep siblings together with the approval of clinical services and licensing when all foster children have the same mother or same father.
- 4 May exceed two children under age two to accommodate a sibling group with the approval of placing supervisor (all children under two must be siblings).

## PLACEMENT AND VISITATION SERVICES

July 24, 2006 - P.T. 2006.07

### b) When a Child or Children Require Specialized Care

<b>Number and Ages of Children Under Age 18 In a Regular Foster Family Home, Licensed Relative Homes and Unlicensed Relative Homes (includes family's own children under age 18) Children Require Specialized Care</b>				
<b>Ages of Children</b>	<b>One Child Requires Specialized Care</b>	<b>Two Children Require Specialized Care</b>	<b>Three Children Require Specialized Care</b>	<b>Four Children Require Specialized Care</b>
Total number	5	4	4 <sup>1</sup>	4 <sup>1</sup>
Under age six	4	3	3 <sup>1</sup>	2 <sup>1,2</sup>
Under age two	2	2	2 <sup>1</sup>	1 <sup>1,2</sup>

- 1 Requires approval of the manager of clinical services and the licensing supervisor.
- 2 May allow one more child if approved via a staffing held in the foster parent's home which includes licensing, clinical services, the child welfare workers for all involved children, and the foster parents.

## **PLACEMENT AND VISITATION SERVICES**

July 24, 2006 - P.T. 2006.07

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## **PLACEMENT AND VISITATION SERVICES**

July 24, 2006 – P.T. 2006.07

### **FREQUENTLY ASKED QUESTIONS**

#### **Placement Clearance Process**

**Are there any circumstances under which a clearance can be extended beyond the 24-hour period?**

No. It is always necessary to call PCD within the 24-hour period prior to placing a child in a relative or licensed foster home.

**If a child leaves a relative or foster home temporarily (i.e. respite, preplacement visit, brief hospitalization, etc.) is it necessary to call PCD?**

PCD must be contacted if the child's temporary placement is in a relative or foster home and is expected to exceed 24 hours. This requirement includes informal respite that is arranged without completion of a 906 form.

**If a child has left a foster home temporarily, is it necessary to contact PCD when he/she returns?**

Yes. If a child has been out of a foster home for more than 24 hours, PCD must be contacted prior to the child's return. This includes overnight sibling visitation that exceeds 24 hours. This process informs the worker if something happened while the child was away that would affect the child going back into the home, e.g. a child abuse or neglect report on the caregiver. However, workers do not need to complete the Pre-placement Questionnaire or the Placement Clearance Agreement if there have been no significant changes in the home since the child's departure.

**Does PCD need to be contacted to approve a weekend, overnight sibling visit in a licensed foster home or unlicensed relative home?**

No. PCD does not have to be contacted to approve the visit unless it is a preplacement visit. However, PCD must be contacted before the child returns to the foster or relative caregiver home if the child is out of the home for more than 24 hours.

**If a foster parent or relative is at capacity, can a foster parent still host an overnight sibling visit?**

Yes. A foster parent can host an overnight visit even if the visit would put the foster home over capacity during the visit unless it is a preplacement visit.

**Is it necessary to call the PCD when a child goes on an informal visit with a relative or friend if the purpose of that visit is not for placement (i.e. child visits with a grandparent one weekend per month; child attends a slumber party overnight at a friend's home; child goes to summer camp; etc.)?**

If the purpose of the visit is not for placement, preplacement, or respite, PCD clearance is not necessary. However, workers should regularly check CANTS and LEADS on such adult caregivers. If the child is out of the home for more than 24 hours, PCD must be called when the child returns to the home.

# **PLACEMENT AND VISITATION SERVICES**

July 24, 2006 – P.T. 2006.07

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## **PLACEMENT AND VISITATION SERVICES**

**March 20, 2003 – PT 2003.10**

### **APPENDIX F**

#### **CFS 680, Child Identification Form**

**a) PURPOSE**

The purpose of this form is to establish a standardized format for the recording of critical child-specific information that may be used by law enforcement, national agencies, and caseworkers to locate and expedite the return of Department wards who are absent from Department authorized placement.

**b) WHO COMPLETES IT**

Department and purchase of service agency caseworkers complete the form as a component of the child's placement package and case file. The form is reviewed and updated annually or when there is a change in the child's placement or identifying information. The child's current photograph shall be attached to the form, updated annually and as needed.

**c) INSTRUCTIONS**

The **CFS 680, Child Identification Form**, included at the end of this Appendix, must be completed within 30 days of initial placement, reviewed annually and updated as necessary.

#### **SECTION I CASEWORKER AND PLACEMENT INFORMATION**

- 1-4) Enter the caseworker's name, office address, office telephone number, and after hours telephone number.
- 5-9) Enter the type of placement (e.g., foster care, group home, etc.), provider name, address, telephone and emergency telephone numbers.

#### **SECTION II CHILD'S INFORMATION**

- 1) Enter the child's name.
- 2-3) Enter the child's sex and date of birth.
- 4) Enter other names used by the child.
- 5-9) Enter the child's race, hair color, eye color, weight and height.
- 10) Enter and describe any visible birthmarks, scars, and/or tattoos.
- 11) Enter the child's social security number.
- 12) Enter the child's drivers license number, if applicable.

## **PLACEMENT AND VISITATION SERVICES**

**March 20, 2003 – PT 2003.10**

- 13) Enter any medical conditions the child may have.
- 14) Enter the names of the medications the child is taking.
- 15-17) Enter the name, address and telephone number of the child's school.
- 18) Describe the child's interests.
- 19) Enter child's special communication needs/language preference.
- 20-22) Enter employer's name, address and telephone number, if applicable.

### **SECTION III BIRTH PARENT INFORMATION**

- 1-3) Enter the father's name, address and telephone number.
- 4-6) Enter the mother's name, address and telephone number.
- 7) Enter parents' special communication needs/language preference.

### **SECTION IV FRIENDS AND RELATIVES INFORMATION**

Enter the names, addresses and telephone numbers of the child's friends and relatives.

### **SECTION V VEHICLE INFORMATION**

This section is completed if the youth owns or has access to a vehicle.

- 1-5) Enter the model, make, year, color, and license plate number of the youth's vehicle.
- 6) If the vehicle is not registered in the youth's name, enter the name and address to which the vehicle is registered.

### **SECTION VI SIGNATURES**

The child's caseworker shall sign and date the form after completing reporting and documentation requirements. The worker's supervisor shall review the form and provide any required case consultation prior to affixing his or her signature.